



BENEFICIAL RESULTS were obtained with **SARDO** in the bath in 122 of 135 patients (90%) with dry, itchy skin conditions, in most cases with beneficial effect "after the first bath." Dryness was allayed in all cases, and associated itching "either completely relieved or greatly improved." No irritation or sensitization was observed.

This new study corroborated others²⁻⁴ showing that **SARDO** helps re-establish the normal physiologic lipid-aqueous skin balance.

Pleasant, easy-to-use **SARDO** releases millions of microfine water-dispersible globules* in the bath. Bottles of 4, 8 and 16 oz.

©1962 *Patent Pending T.M.

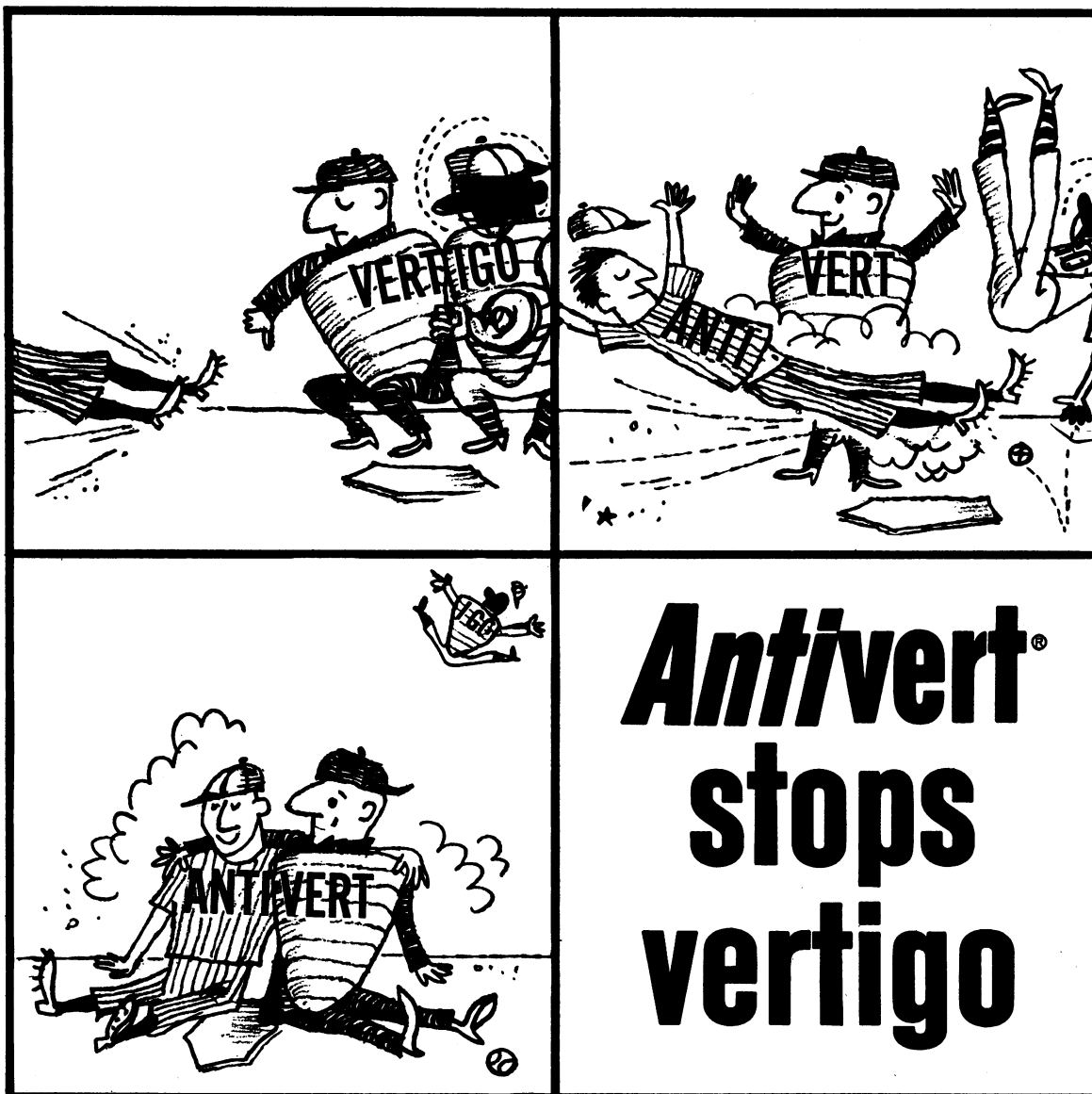
SARDO consists of oils and various esters of specially selected organic acids having a chain length of c14 and 16 in combination with non-irritating surface active agents to provide colloidal dispersion of the lipophilic phase. Fragrance consists of natural essential oils, isolates, and aromatic chemicals.

SAMPLES and literature available from . . .

SARDEAU, INC.

75 East 55th Street, New York 22, N. Y.

1. Borota, A., and Grinell, R. N.: J. Amer. Geriatrics Soc., 10:413, 1962.
2. Spoor, H. J.: N. Y. State J. M. 58:3292, 1958.
3. Lubowe, I. I.: Western Med. 1:45, 1960.
4. Weissberg, G.: Clin. Med. 7:1161, 1960.



Antivert® stops vertigo

**moderate to complete relief of
symptoms in 9 out of 10 patients***

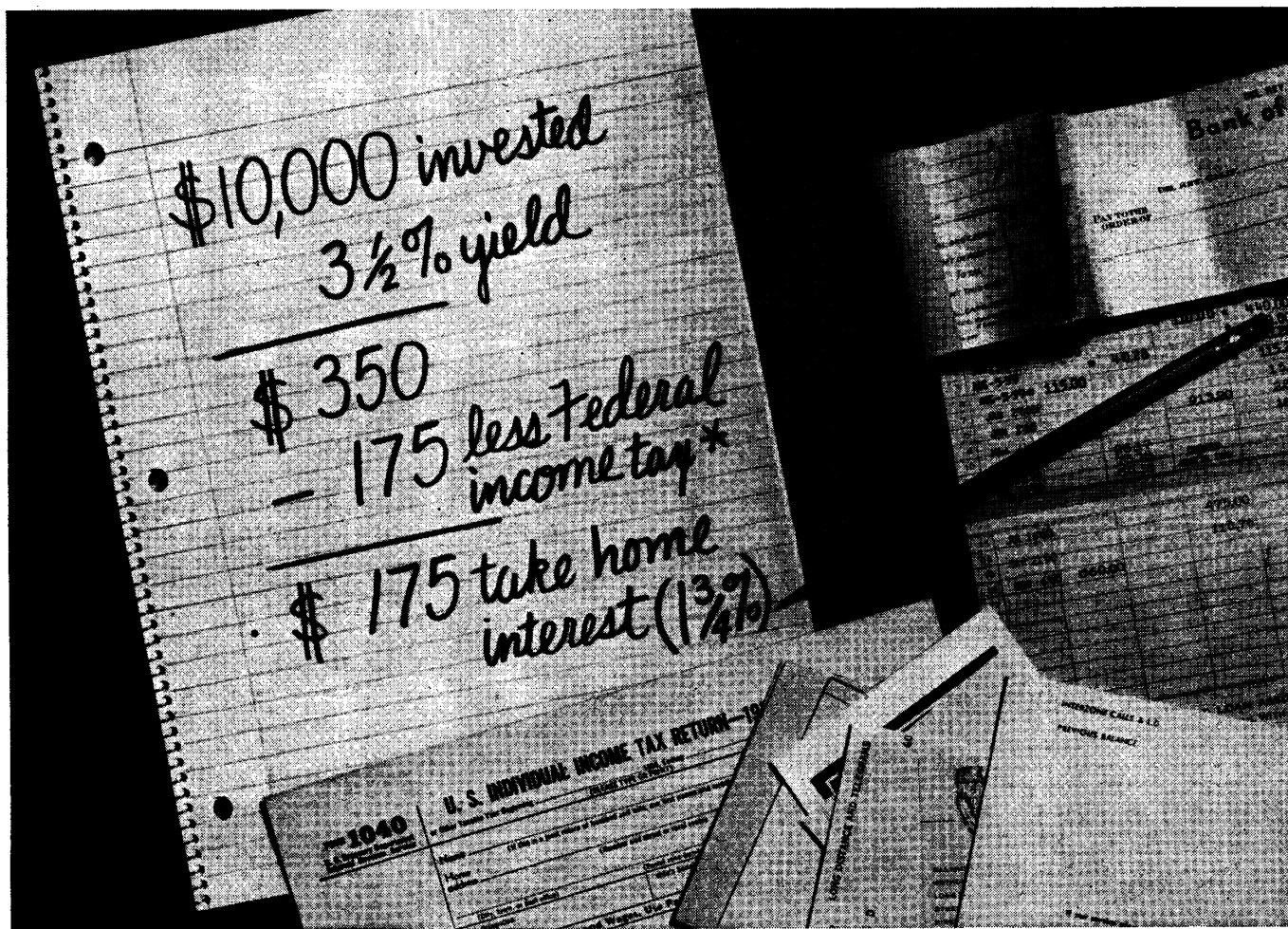
Prescribe ANTIVERT, a leading anti-vertigo product, for prompt relief of vertigo, Meniere's syndrome and allied disorders. Side reactions, usually only flushing and tingling, are short-lived and considered coincidental to the vasodilation produced by nicotinic acid. As with all vasodilators, ANTIVERT is contraindicated in severe hypotension and hemorrhage.

Dosage: One ANTIVERT tablet (or 1-2 teaspoonfuls ANTIVERT syrup) three times daily, before each meal. **Supplied:** Small blue-and-white scored tablets (meclizine HCl 12.5 mg. and nicotinic acid 50 mg.) in bottles of 100. Syrup (each 5 cc. teaspoonful contains meclizine HCl 6.25 mg. and nicotinic acid 25 mg.) in pint bottles. Prescription only. Bibliography available on request. *Scal, J. C.: Eye Ear Nose & Throat Month. 38:738 (Sept.) 1959.



New York, N. Y.
Division, Chas. Pfizer & Co., Inc.
Science for the World's Well-Being®

Does this happen to you?



**The example above shows what can happen to interest or other income you receive from investments. It's based on approximate Federal taxes paid by an individual in the \$16,000 to \$18,000 taxable income bracket. A suggestion for increasing your "take home" interest is explained below.*

There can be a big difference between the yield you earn before and after Federal income taxes. That's true whether you are earning 3%, 4% or 10% on money you have invested. The illustration above is just one example of how Federal taxes cut down actual earnings. Even in lower income brackets these taxes are substantial. For individual income between \$10-12,000 the Federal income tax rate is 38%.

Why not invest some of your surplus savings in the tax-exempt bonds issued by local and state governments and keep *all* the income you earn from these bonds? You can purchase municipal bonds yielding 3.50% or more. It would take a 7% *taxable* return to equal this *tax-exempt* yield if you are in the 50% tax bracket — or more if you are in a higher tax bracket.

There's no mystery to purchasing municipal bonds. Dean Witter & Co. maintains a special department that purchases part or all of entire issues and offers them to investors like you who want to buy one or more.

If you are interested, talk to an Account Advisor at Dean Witter & Co. Let him help you select bonds to fit your requirements. Or just write "bonds" on a card and mail to our nearest office. We will send you a copy of our informative booklet, "The Story Behind Municipal Bonds" together with a list of our current offerings. There's no obligation.



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INDEX TO CALIFORNIA MEDICINE ADVERTISERS

Alexander Sanitarium	32	Doctors Business Bureau.....	10	Sanborn Company <i>Visette-ECG</i>	9
Ames Company, Inc. <i>Clinitest</i>	73	East Bay Rehabilitation Center	24	Sardeau, Inc. <i>Sardo</i>	Inside Front Cover
Armour Pharmaceutical Co. <i>Chymoral</i>	27	Endo Laboratories <i>Percodan</i>	23	Schering Corp. <i>Meticorten</i>	11
<i>Thyroid</i>	52	Fougera, E., & Co., Inc. <i>Wright's LCD</i>	22	Searle, G. D. and Company <i>Dramamine</i>	28, 29
Baxter, Don, Inc. <i>Isolyte M</i>	Insert 32-33	Frozen Desserts Company <i>Hi-Saff</i>	26	<i>Pro-Banthine</i>	45
Birtcher Corporation, The <i>Ultrasonics</i>	58	General Mills, Inc. <i>Saff-o-Life</i>	63	Smith Kline & French <i>Thorazine</i>	39
Borchardt Company <i>Maltsupex</i>	19	Lanpar Company	54	Squibb, E. R. & Sons <i>Delalutin</i>	15
Boyle & Company <i>Triva Combination</i>	42	Lederle Laboratories <i>Aristocort</i>	74, 75	<i>Naturetin</i>	47, 49, 51
Bristol Laboratories <i>Salutensin</i>	68, 69	<i>Declomycin</i>	41	<i>Opthaine</i>	53
Brown Pharmaceutical Company <i>Lipo-Nicin PTZ</i>	38	<i>Stresscaps</i>	57	Stacey's <i>Medical & Technical Books</i>	14
Burroughs Wellcome Company <i>Cortisporin Otic</i>	71	Leeming, Thos., & Co., Inc. <i>Nephenalin</i>	25	Traffic Safety Committee <i>Seat Belts</i>	62
<i>'Sporin' Ointments</i>	40	Lilly and Company, Eli <i>Cordran</i>	44	Twin Pines Neuropsychiatric Hospital	32
California Physicians' Service..	7	Loma Linda Food Company <i>Soyalac</i>	59	Upjohn Company, The <i>Medrol Veriderm</i>	16, 17
California State Personnel Board	56	Medical Protective Company, The	30	<i>Orinase</i>	64, 65
Camelback Hospital	66	Mission Pharmacal Co. <i>Prulet</i>	33	<i>Panalba</i>	36
Ciba Pharmaceutical Products <i>Doriden</i>	50	Organon, Inc. <i>Hexadrol</i>	67	U. S. Vitamin & Pharmaceutical Corp. <i>DBI-TD</i>	34, 35
Classified Advertisements	70, 72	Parke, Davis & Company <i>Benadryl</i>	20, 21	Wallace Laboratories <i>Deprol</i>	18
Coca-Cola Company, The.....	7	Pharmaceutical Manufacturers Association	48	<i>Miltown</i>	55
Compton Foundation Hospital....	32	Raleigh Hills Hospital.....	33	<i>Soma Compound</i>	37
Cook County Graduate School of Medicine	10	Robins, A. H. Co., Inc. <i>Ambar</i>	31	Westwood Pharmaceuticals <i>Fostex</i>	76
Cutter Laboratories <i>Peridial</i>	Back Cover	<i>NaClex</i>	43	Winthrop Laboratories <i>Creamalin</i>	46
Devereux Foundation, The.....	56	Roche Laboratories <i>Librium</i>	Third Cover	<i>Winstrol</i>	60, 61
Directory: Hospitals, Sanitariums, Rest Homes.....	32	Roerig, J. B. & Co. <i>Antivert</i>	1	Witter, Dean & Co. <i>Financial</i>	3
		<i>Atarax</i>	12, 13	Woodside Acres Hospital.....	32

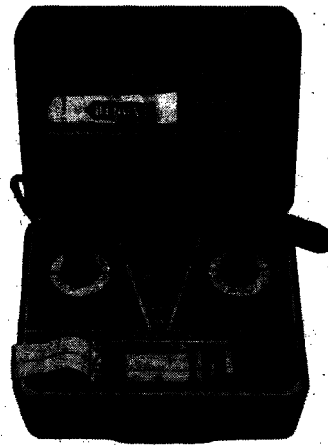
Carry it...

Even a petite nurse can easily pick up and carry a Sanborn Visette® electrocardiograph wherever it's needed — in the office, on house calls, in the clinic or laboratory. Not much bigger than a doctor's bag, the Visette weighs only 18 pounds — with all accessories.

And as portable as it is, a Visette nevertheless equals any "office standard" ECG in recording quality and accuracy. Every record is sharp, clean, permanent and — as you expect from Sanborn Company — diagnostically accurate. Compactness and ruggedness for travel are achieved by the practical means of modern miniaturized circuitry, not by sacrificing accuracy.

If you prefer the greater versatility of two chart speeds, three recording sensitivities and provision for recording and monitoring other phenomena, the Model 100 Viso-Cardiette is a logical choice. And when these capabilities are needed in a mobile instrument, the mobile cabinet version (Model 100M) is designed to be easily rolled to bedsides in hospital or clinic.

Regardless of which of these three instruments you choose, each has a valuable and unique feature: Sanborn service. It lasts long after the sale . . . from people who know your ECG and value your satisfaction.



***wherever
you need
"on-the-spot"
cardiology***



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Long-term effectiveness of METICORTEN continues to be demonstrated in J. G., the arthritic miner whose case was first reported a year ago and who is leading a fully active life today, *after seven years of therapy.*

Schering



before METICORTEN—Rheumatoid arthritis commencing in 1949 with severe shoulder joint pain... Subsequent involvement of elbows and peripheral joints with swelling and loss of function... Complete helplessness by 1951 (fed and dressed by wife)... Unable to work despite cortisone, gold and analgesics... Hydrocortisone ineffective in 1954. since **METICORTEN**—Prompt improvement with METICORTEN, begun April 2, 1955... Returned to work that same year... Maintained to date on METICORTEN, 10-15 mg./day, without serious side effects and without losing a day's work at the mine because of arthritis...

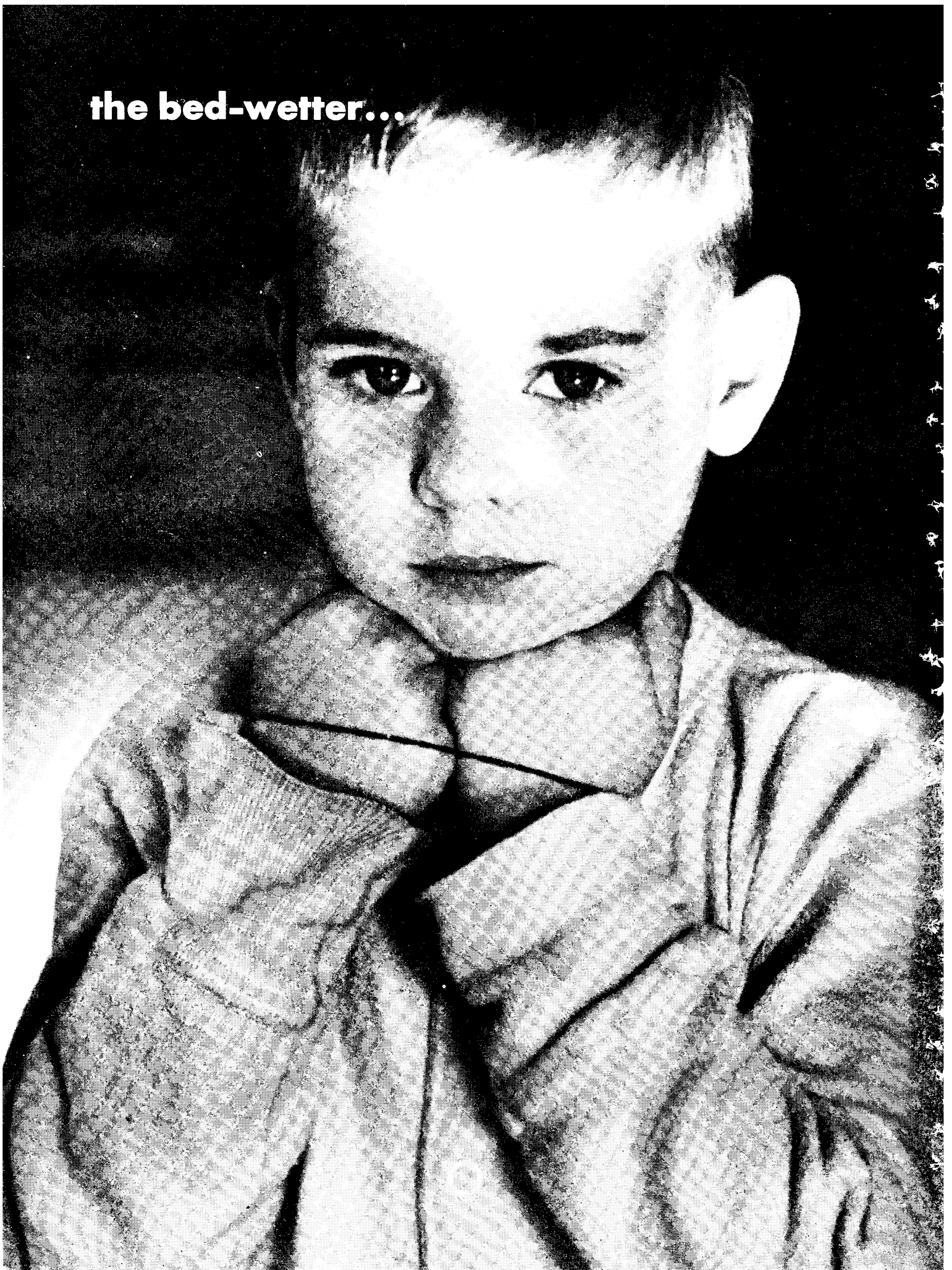
Joint pain still controlled and full use of hands and limbs maintained. The foregoing information is derived directly from a case history provided by Joel Goldman, M.D., Johnstown, Pa. Original photograph of Dr. Goldman's patient taken November 10, 1960; follow-up photographs, November 29, 1961. METICORTEN,[®] brand of prednisone. For complete details, consult latest Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Bloomfield, New Jersey.

S-010

remember this
arthritic miner,
doctor?
he's still working
after another
successful year
(his 7th)
on Meticorten[®]
brand of prednisone



the bed-wetter...





...and the mother

**both victims
of
"communicable"*
ANXIETY**

**both
responsive to**

ATARAX[®]
(brand of hydroxyzine HCl)

**widely
favored for
children**

ATARAX syrup

because of its efficacy, relative freedom from
side effects...and its excellent flavor which makes
administration a pleasure instead of a project

**equally
effective for
grownups**

ATARAX tablets

and equally well tolerated by patients of
any age...no dulling of mental acuity to interfere
with normal activities of busy adults

**FOR COMPLETE PRESCRIPTION INFORMATION,
CONSULT PRODUCT BROCHURE**

* Literally, of course, anxiety is not "communicable"
as the word is commonly used, but you probably see many
patients whose emotional disturbances are transmitted
to and reflected in the people who are closest to them.

VITERA[®] Capsules - Tastitabs[®]

Therapeutic capsules for vitamin-mineral supplementation



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Science for the World's Well-Being[®]

**GRAVIDA 3
PARA 0**

when abortion
threatens, habitually...

DELALUTIN

SQUIBB HYDROXYPROGESTERONE CAPROATE

Improved Progestational Therapy

**GRAVIDA 4
PARA 1**

fetal salvage is
significantly improved
by Delalutin

SUPPLY: Vials of 5 cc., each cc. supplying 250 mg. hydroxyprogesterone caproate. Vials of 2 and 10 cc., each cc. supplying 125 mg. hydroxyprogesterone caproate.

For full information, see your Squibb Product Reference or Product Brief.

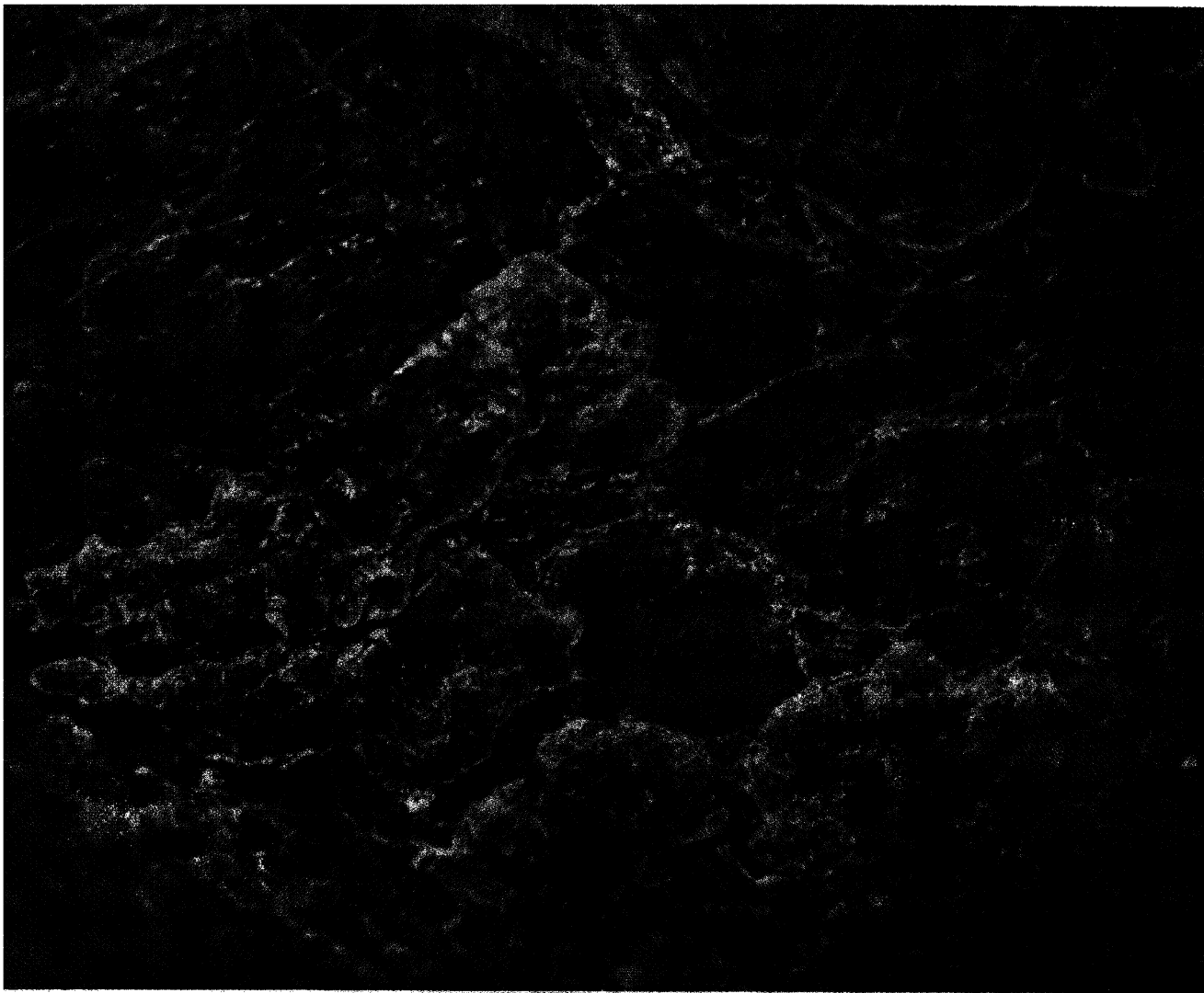
Delalutin® is a Squibb trademark

SQUIBB



Squibb Quality—the Priceless Ingredient

SQUIBB DIVISION **Olin**



Photographs courtesy of Lawrence Frank, M.D.

Contact dermatitis



The patient, a 22-year-old male, had contact dermatitis caused by reaction to leather and rubber cement. The dermatosis was cleared after 8 days of topical therapy with Medrol Acetate, Veriderm, 1%.



**8 days
later**



The topical steroid with the "bonus" base

Medrol Acetate, Veriderm and Neo-Medrol Acetate, Veriderm provide prompt, highly-efficient control of dermatoses. Because the Veriderm base duplicates the oils found in normal human skin, there is optimal dispersion of the anti-inflammatory Medrol content, and of the antibiotic, neomycin.

Less greasy than ointment, less drying than lotion, Medrol Acetate, Veriderm and Neo-Medrol Acetate, Veriderm spread evenly and merge well with the tissues.

Medrol Acetate, Veriderm is indicated in atopic, contact, or seborrheic dermatitis, and in neurodermatitis, anogenital and allergic pruritus. Neo-Medrol Acetate, Veriderm is indicated when dermatoses are complicated by infection. Prompt control of excessive tissue reaction to allergens, irritants, and trauma may be anticipated following the topical use of Medrol.

Medrol^{*} Veriderm^{}**
Acetate

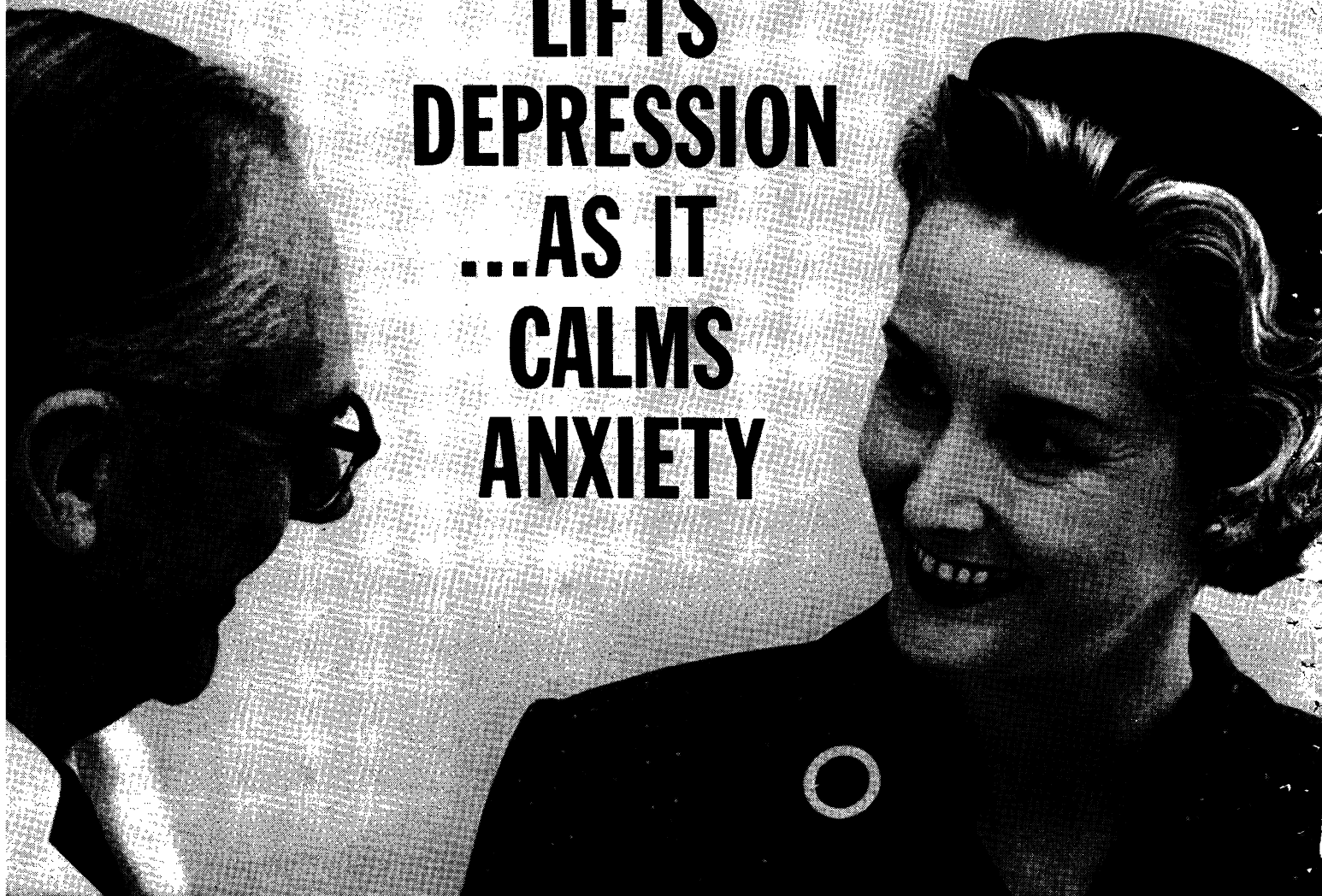
The Upjohn Company, Kalamazoo, Michigan

Upjohn

*TRADEMARK, REG. U. S. PAT. OFF. **TRADEMARK COPYRIGHT 1962, THE UPJOHN COMPANY

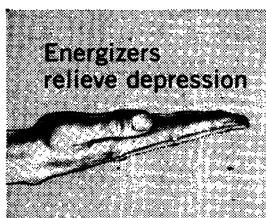
(Reminder advertisement. Please see package insert for detailed product information.)

LIFTS DEPRESSION ...AS IT CALMS ANXIETY

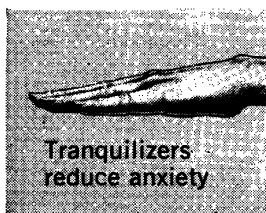


"I feel like my old self again!" Balanced Deprol therapy has helped relieve her insomnia and fatigue — her normal energy, drive and interest have returned.

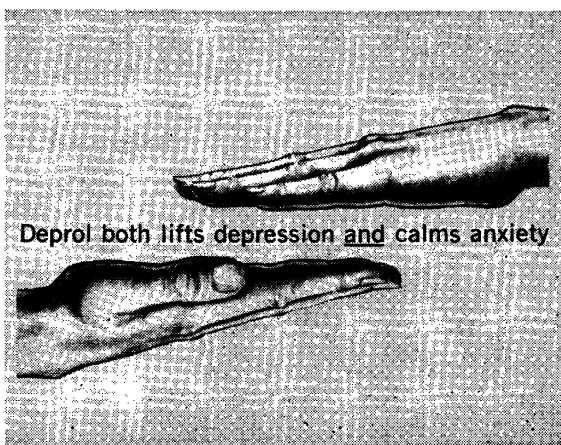
Brightens up the mood, brings down tension



Energizers
relieve depression



Tranquilizers
reduce anxiety



Deprol both lifts depression and calms anxiety

Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this may be increased gradually up to 3 tablets q.i.d. With establishment of relief, the dose may be reduced gradually to maintenance levels.

Composition: 1 mg. 2-diethylaminoethyl benzoate hydrochloride (benactyzine HCl) and 400 mg. meprobamate.

Supplied: Bottles of 50 light-pink, scored tablets.

Write for literature and samples.

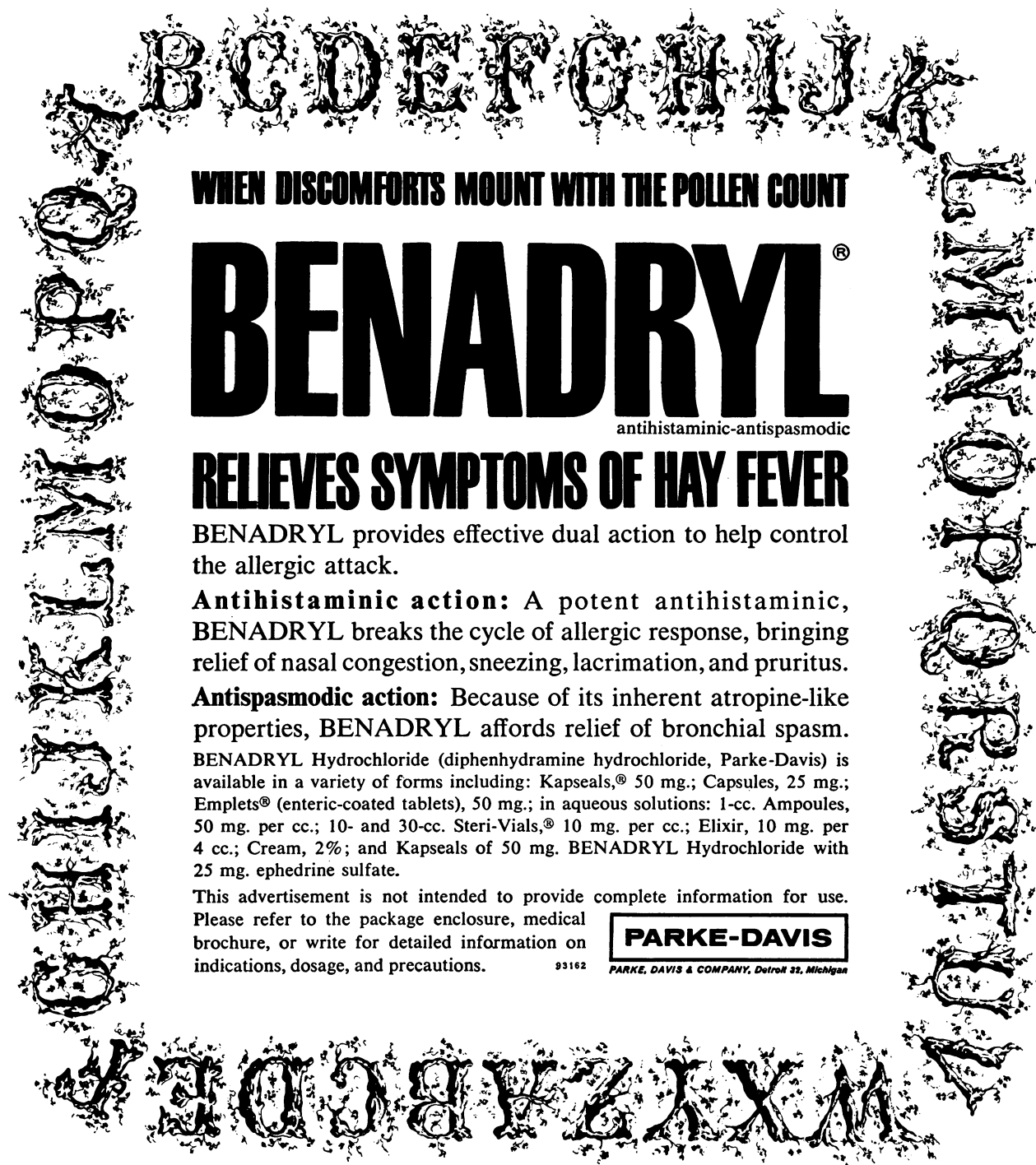
^Deprol^®

 WALLACE LABORATORIES
Cranbury, N. J.

[illegible]

ra'yah (ra'yā), n.
 rays, coll. sing.
 subject of
 (rad), n.
 A hostile
 in road or
 in road or

ra'yah, flock, herd.
 Ottoman Empire.
 road. See ROAD RAD, way
 excursion; a foray; orig.
 men, hence, a
 force of any



WHEN DISCOMFORTS MOUNT WITH THE POLLEN COUNT

BENADRYL[®]

antihistaminic-antispasmodic

RELIEVES SYMPTOMS OF HAY FEVER

BENADRYL provides effective dual action to help control the allergic attack.

Antihistaminic action: A potent antihistaminic, BENADRYL breaks the cycle of allergic response, bringing relief of nasal congestion, sneezing, lacrimation, and pruritus.

Antispasmodic action: Because of its inherent atropine-like properties, BENADRYL affords relief of bronchial spasm.

BENADRYL Hydrochloride (diphenhydramine hydrochloride, Parke-Davis) is available in a variety of forms including: Kapseals,[®] 50 mg.; Capsules, 25 mg.; Emplets[®] (enteric-coated tablets), 50 mg.; in aqueous solutions: 1-cc. Ampoules, 50 mg. per cc.; 10- and 30-cc. Steri-Vials,[®] 10 mg. per cc.; Elixir, 10 mg. per 4 cc.; Cream, 2%; and Kapseals of 50 mg. BENADRYL Hydrochloride with 25 mg. ephedrine sulfate.

This advertisement is not intended to provide complete information for use. Please refer to the package enclosure, medical brochure, or write for detailed information on indications, dosage, and precautions.

PARKE-DAVIS

93162

PARKE, DAVIS & COMPANY, Detroit 32, Michigan

clears



PSORIASIS ESPECIALLY NEWER LESIONS

WRIGHT'S®



LIQUOR CARBONIS DETERGENS

PROVED A standard with
dermatologists for 20 years

EFFECTIVE Successful
without ultraviolet therapy

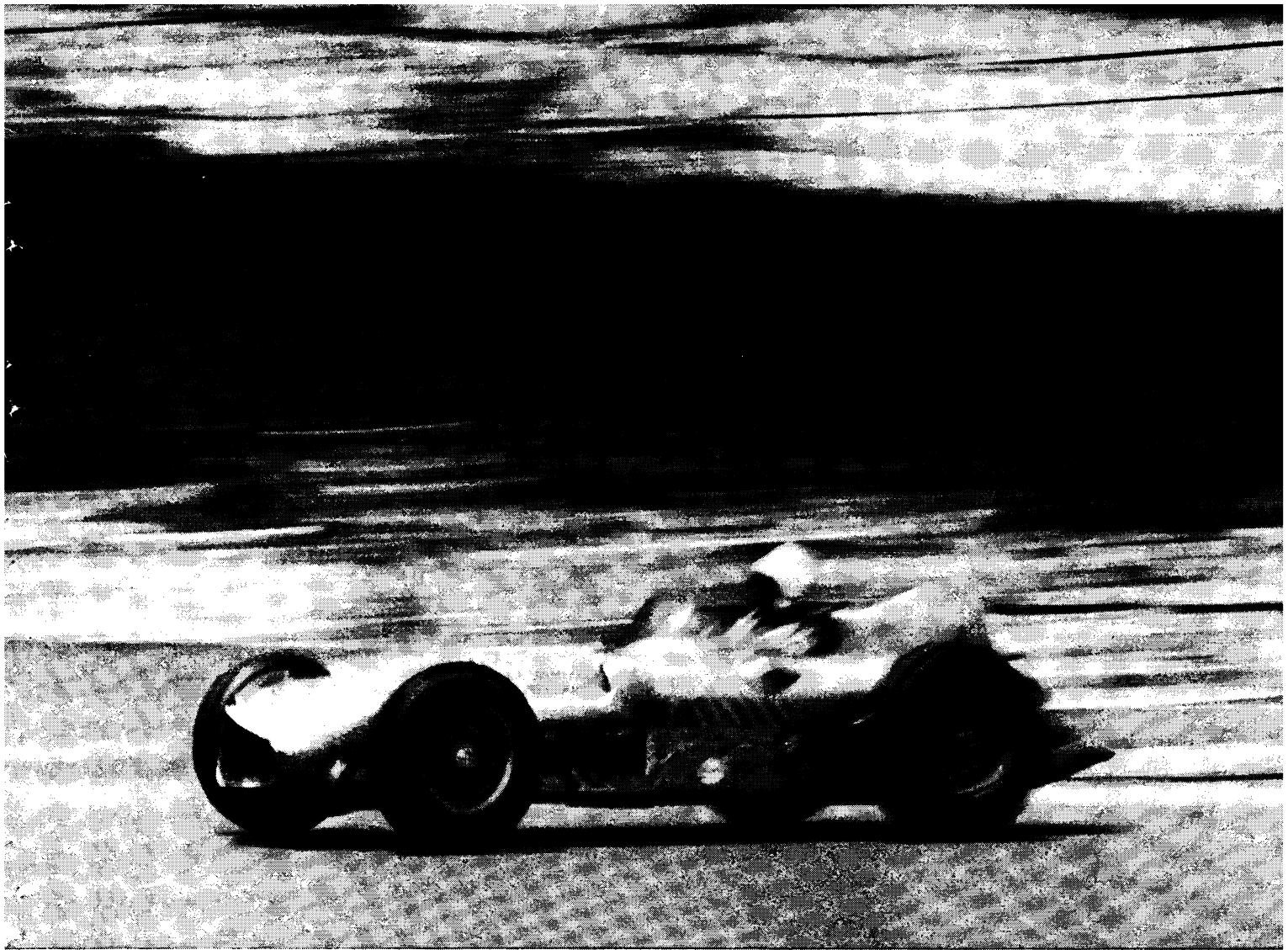
CONVENIENT Economical
...easy to use ... non-
irritating ... nonstaining

pharmacologically and cosmetically superior
solution of active principles of coal tar in
alcohol. Supplied 3 oz. bottles with appli-
cator; 8 oz. and 16 oz. bottles. Apply
directly to lesions once or twice daily.

FOUGERA

E. Fougera & Company, Inc., Hicksville, Long Island, N. Y.

PROVEN THERAPY FOR PSORIASIS, ECZEMAS, AND MANY DERMATOSES



PERCODAN BRINGS *SPEED*...DURATION...
AND DEPTH TO ORAL ANALGESIA

in the wide middle region of pain

PERCODAN[®]

(Salts of Dihydrohydroxycodine and Homatropine, plus APC) TABLETS

fills the gap between mild oral and potent parenteral analgesics

■acts in 5-15 minutes ■relief usually
lasts 6 hours or longer ■constipation
rare ■sleep uninterrupted by pain

Literature on request



ENDO LABORATORIES
Richmond Hill 18, New York

AVERAGE ADULT DOSE: 1 tablet every 6 hours. May be habit-forming. Federal law allows oral prescription. *Also Available:* Percodan[®]. Demi: the complete Percodan formula, but with only half the amount of salts of dihydrohydroxycodine and homatropine.

Each scored, yellow Percodan[®] Tablet contains 4.50 mg. dihydrohydroxycodine HCl, 0.38 mg. dihydrohydroxycodine terephthalate (warning: may be habit-forming), 0.38 mg. homatropine terephthalate, 224 mg. acetylsalicylic acid, 160 mg. acetophenetidin, and 32 mg. caffeine.

[®]U.S. Pats. 2,628,186 and 2,907,768

asthma attack averted
... in minutes



patient protected
... for hours



Nephenalin[®]

(the dual-action anti-asthmatic tablet)

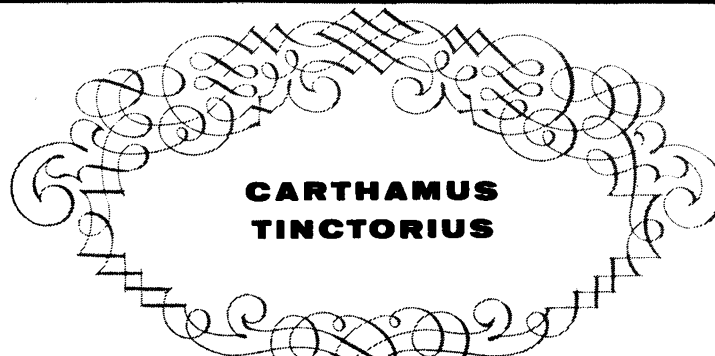
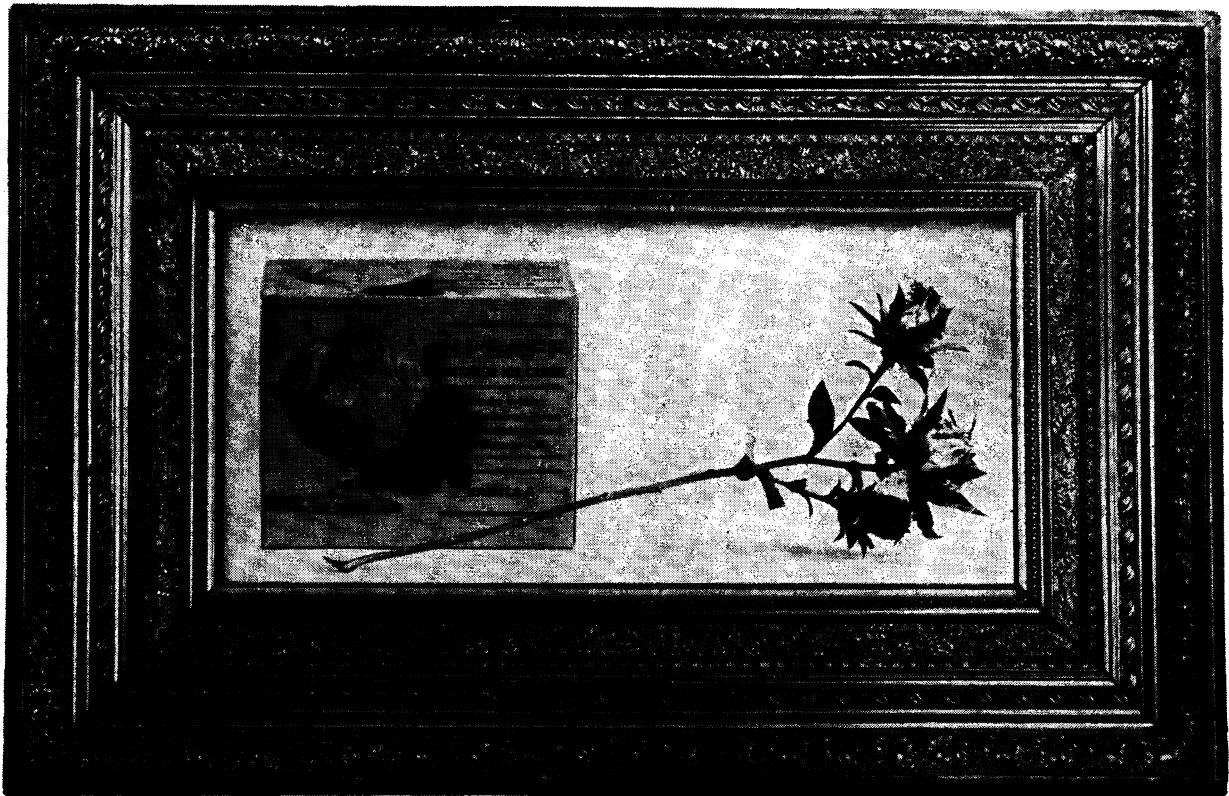
... works with nebulizer speed—provides four-hour protection

One NEPHENALIN tablet provides: *air in a hurry*—through sublingual isoproterenol HCl, 10 mg. *air for hours*—through theophylline, 2 gr.; ephedrine, $\frac{3}{8}$ gr.; phenobarbital, $\frac{1}{8}$ gr.

Dosage: Hold one NEPHENALIN tablet under the tongue for five minutes to abort the asthmatic attack promptly. Then swallow the tablet core for four full hours' protection against further attack. Only one tablet should be taken every four hours. No more than five tablets in 24 hours.

Supplied: Bottles of 50 tablets. For children: NEPHENALIN Pediatric, bottles of 50 tablets.

Caution: Do not administer NEPHENALIN with epinephrine. The two medications may be alternated at 4-hour intervals. NEPHENALIN should be administered with caution to patients with hyperthyroidism, acute coronary disease, cardiac asthma, limited cardiac reserve, acute myocardial damage, and to those hypersensitive to sympathomimetic amines. Phenobarbital may be habit forming. THOS. LEEMING & Co., INC., New York 17, N.Y.

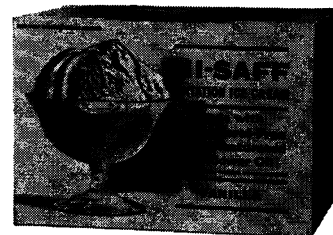


Native of the East Indies and cultivated in Egypt and the U.S., the Safflower is the source of the most highly unsaturated, cholesterol-free edible oil available anywhere in the world today. Safflower Oil contains more essential linoleates and poly-unsaturated fatty acids per calorie than any other commercially available oil. It is expensive. We use it as an ingredient in **HI-SAFF IMITATION ICE CREAM**.

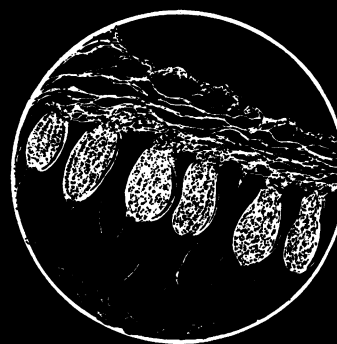
HI-SAFF IMITATION ICE CREAM has a pleasing texture and four pleasing flavors—vanilla, chocolate, strawberry, and black walnut. It is an excellent dessert for patients who should avoid butter-fats or hydrogenated oils in their diets.

May we send you, free of charge, certificates good for samples of **HI-SAFF**? Have your secretary request them by writing: Frozen Desserts Company, 6659 Santa Monica Blvd., Los Angeles 38, Calif.

INGREDIENTS: Water, non-hydrogenated Safflower oil, non-fat milk solids, sugar, corn syrup solids, honey, vegetable stabilizer, vegetable emulsifier, lecithin (soy phosphatides), natural and artificial flavoring and coloring, with oxygen interceptor (anti-oxidant) added to improve stability, Vitamin A (palmitate), and Vitamin D (irradiated ergosterol).



Acute respiratory inflammation



Chymoral

cuts healing time in RESPIRATORY INFLAMMATION

By subduing the inflammatory reaction of respiratory tract tissues, Chymoral liquefies thickened bronchial secretions and affords easier expectoration of mucus plugs. In a series of 48 patients with bronchial asthma, 44 were afforded relief with Chymoral therapy that was judged "good to excellent."¹ In chronic obstructive emphysema, Chymoral has improved both vital capacity and the ability to expectorate without severe, racking cough effort.² And in sinusitis or rhinitis there is a definite reduction of inflammation and edema of the nasal and sinusal mucosa, along with improved airflow.^{2,3}

***controls inflammation
curtails swelling, curbs pain***

1. Taub, S. J.: Clin. Med. 7:2575, 1960. 2. Clinical Reports to the Medical Department, Armour Pharmaceutical Company, 1960. 3. Billow, B. W.; Cabodeville, A. M.; Stern, A.; Palm, A.; Robinson, M., and Paley, S. S.: Clinical Experiences with Oral Anti-inflammatory Enzyme for Intestinal Absorption. Southwestern Med. 41:286, 1960.

CHYMORAL

Chymoral is an ORAL anti-inflammatory enzyme tablet (enteric coated). Each tablet provides enzymatic activity, equivalent to 50,000 Armour Units, supplied by a purified concentrate which has specific trypsin and chymotrypsin activity in a ratio of approximately six to one. ACTION: Reduces inflammation of all types; reduces and prevents edema except that of cardiac or renal origin; hastens absorption of blood and lymph extravasates; helps to liquefy thick tenacious mucous secretions; improves regional circulation; promotes healing; reduces pain. INDICATIONS: In respiratory conditions, inflammatory dermatoses, gynecologic conditions, obstetrics, surgical procedures, genitourinary disorders, dental and oral surgery, in conjunction with generally accepted measures of therapy. Antibiotics may be administered simultaneously. INCOMPATIBILITIES: None known. CONTRAINDICATIONS: None known. SIDE EFFECTS: Mild gastric upsets, rarely encountered. DOSAGE: Recommended initial dose is two tablets q.i.d.; one q.i.d. for maintenance. SUPPLIED: Bottles of 48 and 250 tablets. • For elaboration of this information consult the package insert.

Issue: Rev. Nov. 1961



ARMOUR PHARMACEUTICAL COMPANY

KANKAKEE, ILLINOIS

Originators of Listica®



in acute nausea and vomiting.

Postoperative States: Injected intramuscularly, Dramamine affords immediate, prolonged relief of nausea and vomiting. Once the acute stage has subsided, the patient may be maintained on either Dramamine Liquid or Tablets.



dramatic results with
Dramamine[®]
brand of dimenhydrinate
the classic antinauseant

AMPULS (FOR I.M. OR I.V. USE)/SUPPOSITORIES/LIQUID/TABLETS

Research in the Service of Medicine

SEARLE

in your
weight-reduction
programs:



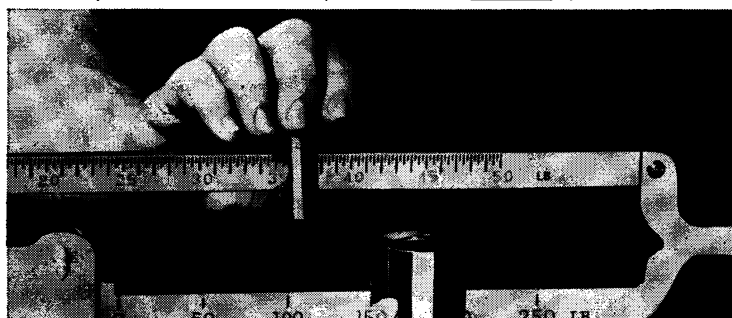
when you prescribe a single morning dose...
(Ambar Extentabs are small, easy to take)



she'll stick to her diet more willingly
(Extentab suppresses appetite for up to 12 hours)



she'll feel better all day long
(balanced formula improves mood without "jitters")



she'll be more apt to keep weight down
(Ambar helps establish conservative eating habits)

Ambar#1 Extentabs®

methamphetamine hydrochloride 10.0 mg., phenobarbital 64.8 mg. (1 gr.)

Ambar#2 Extentabs®

methamphetamine hydrochloride 15 mg., phenobarbital 64.8 mg. (1 gr.)

A. H. ROBINS COMPANY, INC.
RICHMOND 20, VIRGINIA



MAKING TODAY'S MEDICINES WITH INTEGRITY
...SEEKING TOMORROW'S WITH PERSISTENCE

DIRECTORY

HOSPITALS • SANITARIUMS • REST HOMES

ALEXANDER SANITARIUM, Inc.

Address Correspondence: MEDICAL DIRECTOR, Alexander Sanitarium, Inc., Belmont, California

LOCATED IN THE FOOTHILLS OF BELMONT, CALIFORNIA
LYtell 3-2143

The Alexander Sanitarium is a neuropsychiatric open hospital for treatment of emotional states, geriatric cases and alcoholism. Treatments include hydrotherapy, electro and insulin shock-therapy, psychotherapy and occupational therapy. Conditional reflex treatment for alcoholism.

Occupational facilities consist of special occupational therapy room, tennis court, billiards, badminton court, table tennis and completely enclosed, heated, full-size swimming pool.

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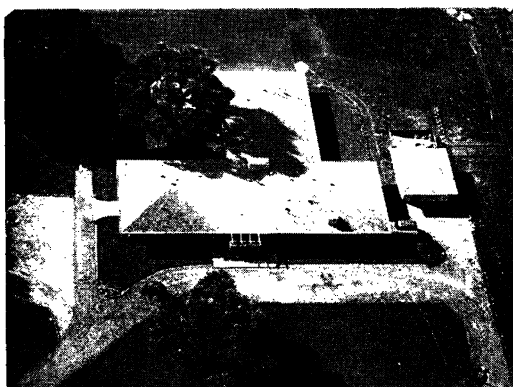
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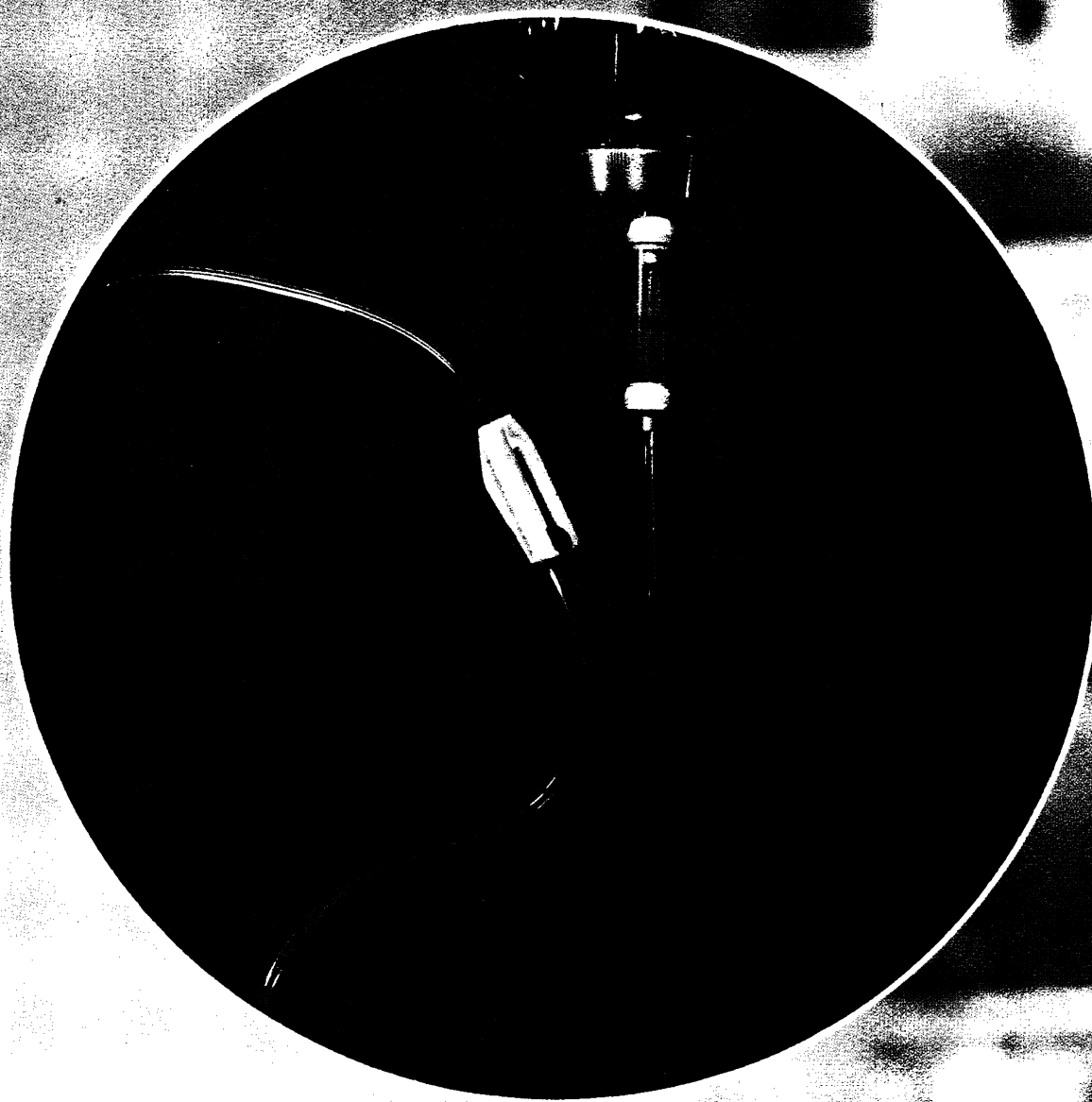
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long term response . . . "Secondary failure is unlikely to occur" with phenformin⁴ (DBI-TD capsules, DBI tablets). Phenformin has been successfully administered daily in diabetics in one study for over 3 years² and in another for up to 4½ years⁴ with "a virtual absence of acquired resistance or true secondary failure."¹ Indeed, DBI has produced a satisfactory response in 55 to 60% of tolbutamide secondary failures.^{3,7}

long term clinical safety . . . No liver or parenchymal organ toxicity has been observed after up to 2½ years of daily use of DBI-TD — nearly 5 years with the DBI tablets.^{1,2,6} "The absence of hypoglycemic reactions" with phenformin "has been conspicuous."⁵

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- 4. *In bacterial pneumonia***
- 5. *In bronchiectasis* 6. *In osteomyelitis***

In these and other bacterial infections, give Panalba* in addition to the usual surgical or other appropriate therapeutic measures. *From the outset*, pending laboratory determinations, your treatment broadens in antibacterial coverage because of the simultaneous administration of two antibiotics that complement each other. They were carefully chosen for this purpose.

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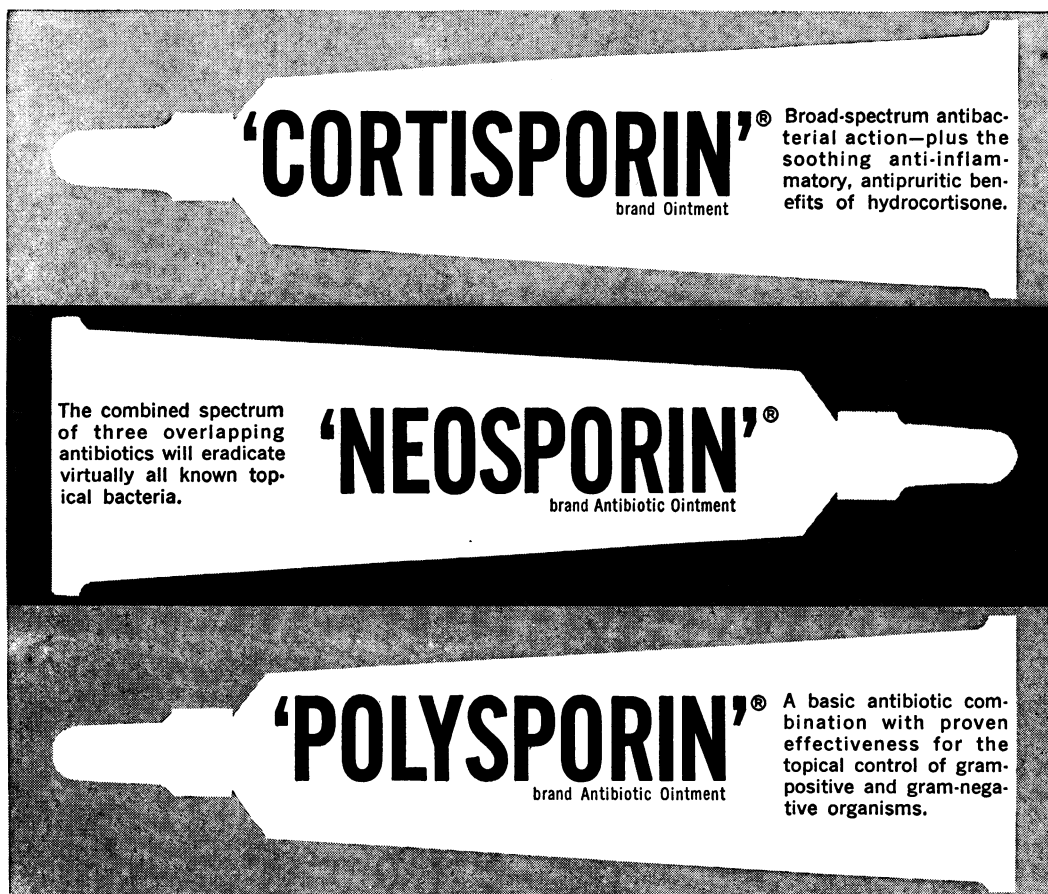
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rarely sensitize . . .
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Supplied:	Tubes of 1 oz., ½ oz. and ⅛ oz. (with ophthalmic tip)	Tubes of 1 oz., ½ oz. and ⅛ oz. (with ophthalmic tip)	Tubes of ½ oz. and ⅛ oz. (with ophthalmic tip)



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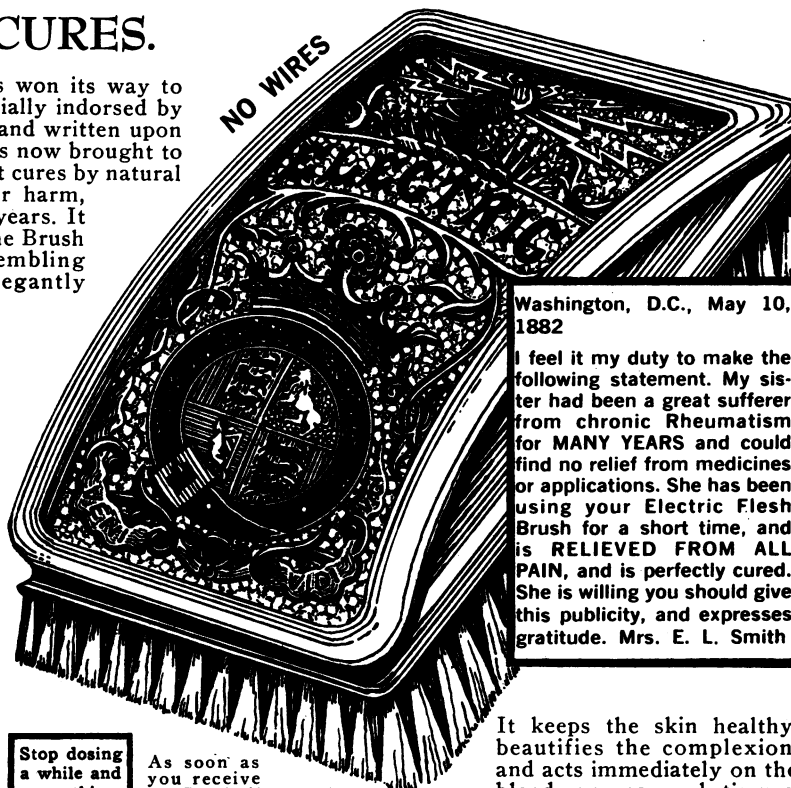
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This remarkable Brush, which has won its way to Royal favor in England, been cordially indorsed by the Prince and Princess of Wales, and written upon by the Rt. Hon. W. E. Gladstone, is now brought to the notice of the American public. It cures by natural means, will always do good, never harm, and is a remedy lasting for many years. It should be used daily. The back of the Brush is made of a new material resembling ebony, beautifully carved and elegantly mounted. It is a combination of substances producing a permanent Electro-Magnetic Current. Always doing good, it cannot harm, while its application gives a most agreeable sensation, there being no shock or unpleasant feeling whatever. Its power can always be tested by the silver compass which accompanies each Brush.

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Rheumatism and Diseases of the Blood — Nervous Complaints — Neuralgia — Toothache — Malaria — Lameness — Palpitation — Paralysis and Pains caused by Impaired Circulation. It promptly alleviates Indigestion — Constipation — Kidney and Liver Troubles — Quickly removes those "Back Aches" peculiar to Ladies, and imparts wonderful vigor to the whole body.



Washington, D.C., May 10, 1882

I feel it my duty to make the following statement. My sister had been a great sufferer from chronic Rheumatism for MANY YEARS and could find no relief from medicines or applications. She has been using your Electric Flesh Brush for a short time, and is **RELIEVED FROM ALL PAIN**, and is perfectly cured. She is willing you should give this publicity, and expresses gratitude. Mrs. E. L. Smith

Stop dosing a while and try this really excellent cure.

As soon as you receive the Brush, if not well satisfied with your bargain, write us, and we will return the money. What can be fairer?

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It keeps the skin healthy, beautifies the complexion, and acts immediately on the blood, nerves, and tissues. People of sedentary habits and impaired nervous power will find it a valuable companion.

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Legitimately, with . . . TRIVA® COMBINATION

- Regardless of cause (Monilia, Trichomonas, Non-Specific), 85% of 255 consecutive vulvovaginitis patients were clear 3, or more, months after treatment.
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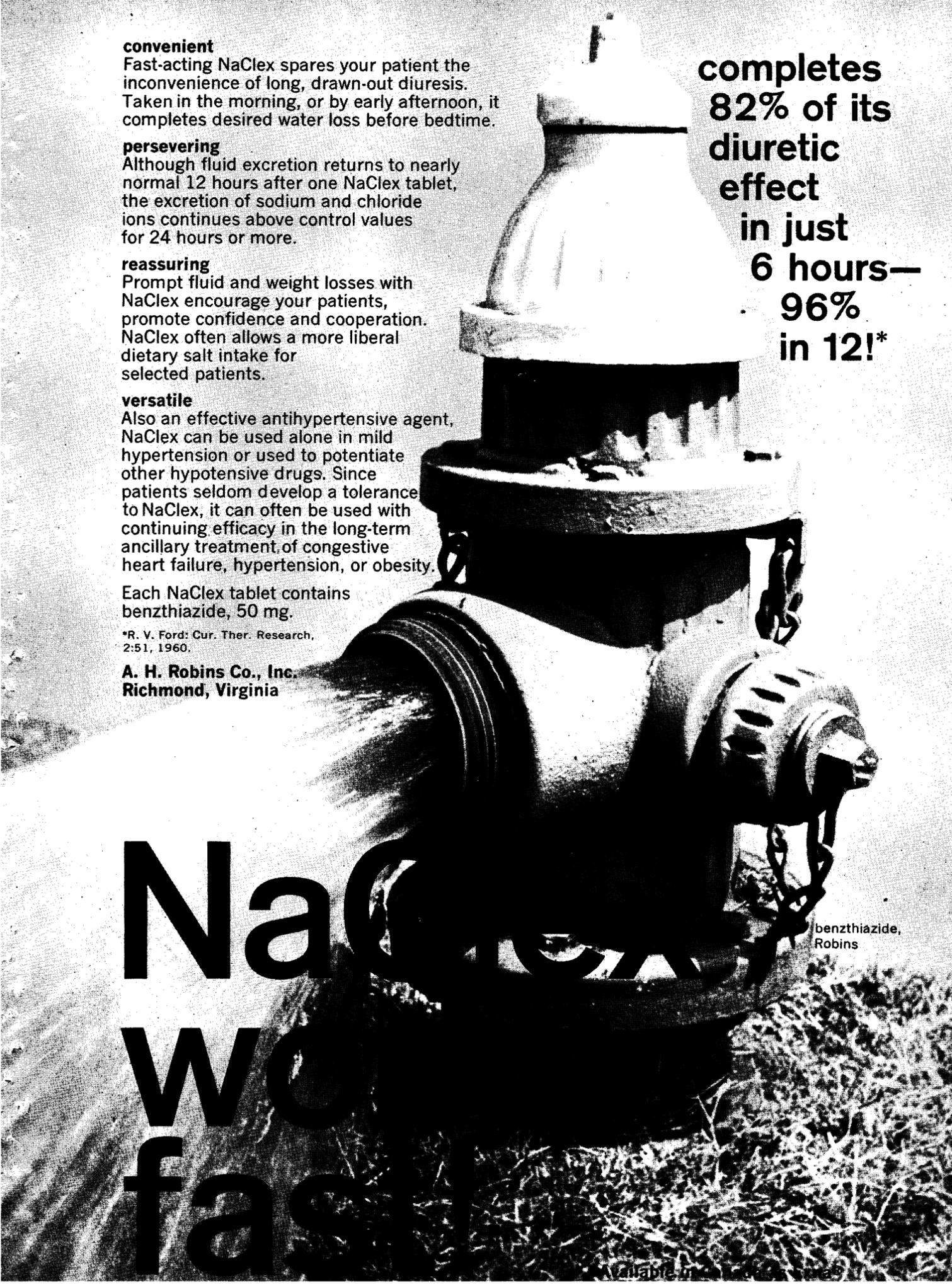
Formula: Triva Combination contains as active ingredients . . . Douche: Oxyquinoline sulfate 2%, alkyl aryl sulfonate 35%, disodium ethylenediaminetetraacetate 0.33%, sodium sulfate 53% . . . Jel (each 5 Gm.): oxyquinoline benzoate 7.5 mg., alkyl aryl sulfonate 62.5 mg., disodium ethylenediaminetetraacetate 2.5 mg., 9-aminoacridine HCl 10 mg., copper sulfate 0.063 mg., sodium sulfate 6.9 mg. . . For full information on action, dosage, administration and precautions refer to page 541 of your current PDR.

Reference: 1. Moore, J. G. and Hindle, W. H.: "Practical Treatment of Clinical Vulvovaginitis," delivered at the Annual District VIII Meeting, Am. College of Obst. & Gynec., Denver, Colo., September 12, 1960.

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Fast-acting NaClex spares your patient the inconvenience of long, drawn-out diuresis. Taken in the morning, or by early afternoon, it completes desired water loss before bedtime.

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Although fluid excretion returns to nearly normal 12 hours after one NaClex tablet, the excretion of sodium and chloride ions continues above control values for 24 hours or more.

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Prompt fluid and weight losses with NaClex encourage your patients, promote confidence and cooperation. NaClex often allows a more liberal dietary salt intake for selected patients.

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Also an effective antihypertensive agent, NaClex can be used alone in mild hypertension or used to potentiate other hypotensive drugs. Since patients seldom develop a tolerance to NaClex, it can often be used with continuing efficacy in the long-term ancillary treatment of congestive heart failure, hypertension, or obesity.

Each NaClex tablet contains benzthiazide, 50 mg.

*R. V. Ford: Cur. Ther. Research, 2:51, 1960.

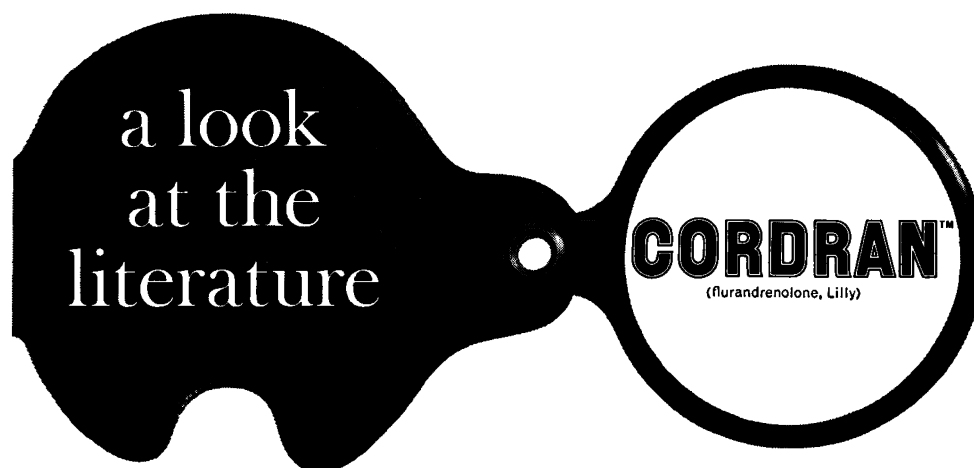
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in just
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96%
in 12!***

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—Gray, H. R., Wolf, R. L., and Doneff, R. H.: Evaluation of Flurandrenolone, a New Topical Corticosteroid, *Arch. Dermat.*, 84:18, 1961.

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EDUCATION NOTICES

POSTGRADUATE

THIS BULLETIN of the dates of postgraduate education programs and the meetings of various medical organizations in California is supplied by the Committee on Postgraduate Activities of the California Medical Association. In order that they may be listed here, please send communications relating to your future medical or surgical programs to Postgraduate Activities, California Medical Association, 693 Sutter Street, San Francisco 2.

UNIVERSITY OF CALIFORNIA AT LOS ANGELES

Seminars in Internal Medicine. Sunday through Wednesday, August 12 through 15. At University Residential Conference Center, Lake Arrowhead. Fee: \$137.50 includes room and meals for 3 days.

Pediatric Neurology. Wednesday through Sunday, August 15 through 19. At University Residential Conference Center, Lake Arrowhead. Fee: \$150.00 includes room and meals for 4 days. 21½ hours.

The Evaluation of Therapeutic Agents and Cosmetics. Thursday through Saturday, August 16 through 18. 17 hours. Fee: \$100.00.

The Endocrine Aspects of Obstetrics and Gynecology. Thursday through Saturday, August 23 through 25. 21 hours. Fee: \$60.00.

Teaching Clinics in Internal Medicine. Thursdays. September 13 through December 6. Fee: \$60.00.

A Basic Science Course in Ophthalmology. Wednesdays. October 17, 1962, through April 17, 1963. Fee and hours to be announced.

Clinical Traineeships. Anesthesia and Dermatology and Pediatric Cardiology. Dates to be arranged. 2 weeks: \$150.00; 4 weeks: \$250.00. Minimum period, 2 weeks.

For information on courses for physicians or ancillary personnel contact: Thomas H. Sternberg, M.D., assistant dean for Department of Continuing Education in Medicine and Health Sciences, U.C.L.A. Medical Center, Los Angeles 24. BRadshaw 2-8911, Ext. 7114.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Athletic Medicine. Wednesday through Friday. August 29 through 31.*†

New Concepts in Arthritis. Thursday and Friday. September 6 and 7.*†

Internal Medicine—A Selective Review. Monday through Friday. September 10 through 14.*†

Postgraduate Seminars in Clinical Sciences. Saturday mornings. September 15 through November 17. Mercy Hospital, Sacramento. No fee. 17½ hours.

Psychotherapy in Medical Practice. Wednesdays. September 19 through December 5. Langley Porter Neuropsychiatric Institute. Fee: \$25.00. 48 hours.

Clinics in the Surgical Specialties. Thursday through Saturday. September 20 through 22.*†

Radiological Physics. Tuesday evenings. September 25 through April 14, 1963. Fee: \$150.00. 48 hours.

*Fees to be announced.

†Hours to be announced.

Neuropsychiatry in General Practice. Thursday evenings. September 27 through November 1. Fee: \$5.00. 12 hours.

Man to Man. Thursday evenings. September 27 through November 15. 8 hours.*

Psychiatric Lecture Series. Saturday mornings. September 29 through November 3. Herrick Memorial Hospital, Berkeley. Fee: \$5.00. 12 hours.

Surgery. Saturday, September 29. Franklin Hospital, San Francisco.*†

Glaucoma. Monday through Wednesday. October 1 through 3.*†

Pediatric Infections. Friday through Sunday. October 5 through 7.*†

Medicine in Industry. Wednesday and Thursday. October 10 and 11.*†

Drug Therapy in Clinical Practice. Friday and Saturday, October 12 and 13.*†

Obstetrics and Gynecologic Surgery. Thursday through Saturday. October 25 through 27.*†

Multiple Injuries and Trauma. Thursday and Friday. November 1 and 2.*†

Problems in EKG Interpretation. Saturday and Sunday. November 3 and 4. Mount Zion Hospital, San Francisco.*†

Clinics in Dermatology. Saturday and Sunday, November 10 and 11.*†

Psychiatry in General Practice—A Clinical Workshop. Saturday and Sunday. November 17 and 18. Napa State Hospital. Fee: \$10.00.†

The Neck and Shoulder-Girdle. Friday and Saturday. November 30 and December 1.*†

Practical Electrocardiography. Friday and Saturday. November 30 and December 1. Franklin Hospital, San Francisco.*†

Psychiatric Perspectives in Medicine. Saturday and Sunday. December 1 and 2. Stockton State Hospital.*†

Ocular Pharmacology and Therapeutics. Thursday through Saturday. December 6 through 8.*†

Puberty and the Climactic. Friday and Saturday. December 7 and 8.*†

The Impact with the Disturbed Patient. Thursday through Saturday. December 13 through 15. Langley Porter Neuropsychiatric Institute.*†

Courses presented by Special Arrangement (continuously):

1. **Principles and Clinical uses of Radioisotopes** (full time for one to three months).

For information on courses for physicians or ancillary personnel contact: Department of Continuing Medical Education in Medicine and Health Sciences, University of California Medical Center, San Francisco 22. MOntrose 4-3600, Ext. 665.

UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES

Basic Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by mail. Physicians may register at any time and receive all 52 issues. Fifty-two weeks. Fee: \$100.00.

Advanced Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by mail. Fifty-two issues: \$85.00. Physicians may register at any time.

Intensive Review of Internal Medicine. Tuesday through Saturday and Monday through Friday, September 4 through 14. 8:30 a.m. to 12:30 p.m. Los Angeles County Hospital. Fee: \$65.00.

Process-Oriented Psychotherapy. Tuesday evenings. 8:00 to 10:00 p.m. September 11 through October 30. Veterans Center. Fee: \$50.00.

Psychiatric Case Conferences for Family Physicians. Beginning September 20. An integration of psychiatry into medicine. 16 weekly case conferences. Psychiatric Unit, Los Angeles County Hospital. Fee: \$40.00.

Psychiatry in Medical Practice. September 22 and 23. Two-day intensive workshop. San Diego County General Hospital. Fee: \$25.00.

Bedside Clinics and Set Clinics in Internal Medicine. Thursday evenings. 7:30 to 9:30 p.m. October 4, 1962 through January 10, 1963. Los Angeles County Hospital. Fee: \$65.00.

Symposium on Neoplastic Diseases (Homecoming). Thursday and Friday, November 1 and 2. Ambassador Hotel. Fee: \$25.00.

Psychiatry in Medical Practice. Saturday and Sunday, November 17 and 18. Santa Barbara County General Hospital. Fee: \$25.00.

Electrocardiographic Interpretation. Thursday through Saturday, December 6 through 8. Statler-Hilton Hotel, Los Angeles.

1963

Psychiatry in Medical Practice. January 12 and 13. Two-day intensive workshop. San Bernardino County General Hospital. Fee: \$35.00.

Pediatric Psychiatry for General Practitioners and Pediatricians. January 30 through April 10. Psychiatric Unit, Los Angeles County General Hospital. Fee: \$35.00.

Psychiatry Case Conferences for Medical Practitioners. January 30 through April 10. Eleven sessions, to be held simultaneously at St. John's Hospital, Santa Monica; Orange County General Hospital, Orange; Memorial Hospital of Long Beach; Cedars of Lebanon Hospital. Fee: \$40.00.

Psychiatry Courses. Contact: Allen J. Enelow, M.D., associate clinical professor, Department of Psychiatry, 1934 Hospital Place, Los Angeles 33, CA 5-3131, Ext. 71951.

Contact: Phil R. Manning, M.D., Associate Dean and Director, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 33. CApital 5-1511.

LOMA LINDA UNIVERSITY

Introductory Course in Surgery of the Nasal Septum and Closely Related Structures. Monday through Thursday, October 29 through November 1. Enrollment limited to 30. Fee: \$150.00.

Clinical Traineeships available in clinical departments by arrangement with Postgraduate Division and Postgraduate Chairman of department involved. In addition to those listed, other traineeships in other departments can be arranged. Eighty hours minimum. Limited enrollment. Begin when individually arranged.

1. **Anesthesia.** Six months. 250 to 300 hours. Fee: \$350.00.

2. **Pulmonary Diseases** (can be arranged).

Continuously: Illustrated Medical Lectures. Thirty-minute tape recordings and accompanying 35 mm. filmstrips, 50 to 80 full-color pictures for screen, hand or desk viewer. Available individually or by subscription. Twelve or 36 titles per year, all titles produced in one year in any chosen specialty. Projectors and viewers included in subscription plans. Contact: Loma Linda University, Illustrated Medical Lectures, Los Angeles 33.

For information contact W. F. Norwood, Ph.D., Assistant Dean and Chairman, Division of Continuing Education, Loma Linda University School of Medicine, 1720 Brooklyn Ave., Los Angeles 33. ANgelus 9-7241, Ext. 214.

PRESBYTERIAN MEDICAL CENTER

Gastroenterostomy. Saturday, November 10. 7 hours. Fee: \$25.00.*

Pediatrics. Saturday, December 1. 7 hours. Fee: \$25.00.*

Diabetes and Thyroid. Saturday, January 12, 1963. 7 hours. Fee: \$25.00.*

Arteriosclerosis. Saturday, January 19, 1963. 7 hours. Fee: \$25.00.*

Dermatology. Saturday, February 2, 1963. 7 hours. Fee: \$25.00.*

Operable Heart Disease. Friday and Saturday, March 1 and 2, 1963. 14 hours. Fee: \$25.00.

Office Diagnosis. Saturday, March 9, 1963. 7 hours. Fee: \$25.00.*

Cancer. Saturday and Sunday, March 16 and 17, 1963. 14 hours. Fee: \$25.00.

Fractures: "4-R's." Saturday, March 23, 1963. 7 hours. Fee: \$25.00.*

Minor Surgery: Office and Hospital. Saturday, April 6, 1963. 7 hours. Fee: \$25.00.*

Contact: Arthur Selzer, M.D., Chairman, Education Committee, Presbyterian Medical Center, Clay & Webster Streets, San Francisco 15. WEst 1-8000.

CALIFORNIA MEDICAL ASSOCIATION POSTGRADUATE CIRCUIT COURSES

Sacramento Valley Counties Postgraduate Circuit Courses in Dunsmuir, Redding, Chico and Auburn in cooperation with Stanford University School of Medicine. 8 monthly meetings beginning week of September 10.

North Coast Counties Postgraduate Circuit Courses in Eureka and Ukiah, in cooperation with the University of California School of Medicine, San Francisco. 8 monthly meetings beginning week of September 10.

For information regarding Postgraduate Circuit Courses and Postgraduate Institutes, contact: Postgraduate Activities, California Medical Association, 693 Sutter Street, San Francisco 2. PRospect 6-9400, Ext. 68.

AUDIO-DIGEST FOUNDATION

AUDIO-DIGEST FOUNDATION, the California Medical Association's nonprofit subsidiary organized for the practicing physician's continuing postgraduate medical education, has just released its 1962 Catalog of Classics.

*These courses will be offered at \$25.00 per course or 4 courses for \$80.00 or 8 courses for \$120.00. Operable Heart Disease and Cancer courses not included.

Representing tape-recorded highlights of the past year's most significant medical meetings (American Medical Association, American College of Physicians, American Society of Anesthesiologists, American College of Obstetricians and Gynecologists, and dozens of university postgraduate courses) the new Catalog lists 355 one-hour tape-recordings representing all areas of medical practice. Copies of the catalog and information concerning continuing subscriptions to Audio-Digest programs (General Practice, Obstetrics-Gynecology, Anesthesiology, Pediatrics, Internal Medicine and Surgery and a prospective new service in Ophthalmology-Otorhinolaryngology) may be obtained by writing to Claron L. Oakley, Editor, 618 South Westlake Avenue, Los Angeles 57.

Medical Dates Bulletin

RENO SURGICAL SOCIETY, Reno, Nevada. August 23 through 25. *Contact*: Donald F. Guisto, M.D., program chairman, 506 Humboldt Street, Reno.

NATIONAL KIDNEY DISEASE FOUNDATION, Southern California Chapter, Second Annual Symposium. September 13. Ambassador Hotel, Los Angeles. 9:00 a.m. to 5:00 p.m. *Contact*: Mrs. Jean Gordon, administrative assistant.

ST. JOHN'S HOSPITAL POSTGRADUATE ASSEMBLY. September 13 through 15. *Contact*: John C. Eagan, M.D., director, St. John's Hospital, 1328 22nd Street, Santa Monica.

VENTURA COUNTY HEART ASSOCIATION AND SANTA BARBARA COUNTY HEART ASSOCIATION 7th Annual Symposium on Cardiovascular Disease. Santa Barbara Biltmore Hotel. September 22, 9:00 a.m. to 5:00 p.m. *Contact*: Robert E. Wolf, executive director, Ventura County Heart Association, 848 Santa Clara, Ventura, or Mrs. Sara Clyde, executive director, Santa Barbara County Heart Association, 18 La Arcada Ct., Santa Barbara.

LOS ANGELES COUNTY HEART ASSOCIATION 32nd Annual Professional Symposium on Heart Disease. Statler Hilton Hotel, Los Angeles. September 26 and 27. *Contact*: Chauncey A. Alexander, executive director, L. A. County Heart Association, 2405 W. 8th Street, Los Angeles 57.

SAN FRANCISCO HEART ASSOCIATION 32nd Annual Postgraduate Symposium on Heart Disease. St. Francis Hotel, San Francisco. September 26 through 28, 9:00 a.m. to 5:00 p.m. *Contact*: Gene C. Taylor, executive director, San Francisco Heart Association, 259 Geary Street, San Francisco 2.

SAN DIEGO COUNTY HEART ASSOCIATION 12th Annual Professional Symposium on Heart Disease. Town and Country Hotel, San Diego. September 28 and 29. *Contact*: Mr. O. M. Avison, executive director, 3545 4th Avenue, San Diego 3.

AMERICAN SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGERY, Hawaiian Village Hotel, Honolulu. *Contact*: T. Ray Broadbent, M.D., secretary, 508 E. South Temple, Salt Lake City. October (dates to be announced).

THE PACIFIC COAST FERTILITY SOCIETY 11th Annual Convention at the Mountain Shadows Hotel, Scottsdale (Phoenix), Arizona, October 4 through 7. *Contact*: Gregory Smith, M.D., secretary, 909 Hyde Street, San Francisco 9.

CALIFORNIA CONGRESS ON MEDICAL QUACKERY. Del Webb Towne House, San Francisco. October 10. *Contact*: Eugene G. Miller, M.D., 693 Sutter Street, San Francisco.

ANNUAL MEETING, CALIFORNIA DIVISION OF THE AMERICAN CANCER SOCIETY, October 11 and 12. Del Webb Towne House, San Francisco. *Contact*: Mr. Robert Murphy, 875 O'Farrell Street, San Francisco.

WESTERN INDUSTRIAL MEDICAL ASSOCIATION. Jack Tar Hotel, San Francisco. October 12 and 13. *Contact*: B. M. Brundage, M.D., secretary, Atomics International, P. O. Box 309, Canoga Park, Calif.

WESTERN INSTITUTE ON EPILEPSY 14TH ANNUAL MEETING. October 19 through 20. Sir Francis Drake Hotel, San Francisco. *Contact*: Bill Garoutte, M.D., chairman, U.C. Medical Center, 3rd and Parnassus Avenues, San Francisco 22.

KAISER FOUNDATION HOSPITAL'S Sixth Annual Symposium. "The Flow of Life." October 19 and 20. Fairmont Hotel, San Francisco. *Contact*: Amos Lieberman, M.D., director of Medical Education, Kaiser Foundation Hospital, 2425 Geary Street, San Francisco.

AMERICAN FRACTURE ASSOCIATION. October 20 through 25. Huntington-Sheraton Hotel, Pasadena. *Contact*: H. W. Wellmerling, M.D., secretary-general, 610 Griesheim Bldg., Bloomington, Illinois.

AMERICAN EPILEPSY FEDERATION ANNUAL MEETING. October 21. Sir Francis Drake Hotel, San Francisco. *Contact*: Mrs. Fred S. Markham, program chairman, c/o California Epilepsy Society, 4343 Crenshaw Blvd., Los Angeles 8.

CALIFORNIA ACADEMY OF GENERAL PRACTICE Annual Meeting. Masonic Memorial Temple, San Francisco. October 21 through 24. *Contact*: Mr. William W. Rogers, executive secretary, 9 First Street, Room 900, San Francisco 5.

KERN COUNTY GENERAL HOSPITAL Second Annual Postgraduate Conference and Alumni Day. October 26. *Contact*: George A. Paulsen, M.D., chairman, Conference Committee, Kern County General Hospital, 1830 Flower Street, Bakersfield.

CALIFORNIA SOCIETY OF INTERNAL MEDICINE Annual Meeting. October 26 through 28. Mark Thomas Inn, Monterey. *Contact*: Robert L. Paver, M.D., secretary-treasurer, 350 Post Street, San Francisco 8.

WESTERN ORTHOPAEDIC ASSOCIATION. October 28 through November 1. Fairmont Hotel, San Francisco. *Contact*: Mrs. Vi Mathiesen, executive secretary, 351 21st Street, Oakland 12.

NEVADA STATE MEDICAL ASSOCIATION 59th Annual Meeting. October 31 through November 3. Stardust Hotel, Las Vegas. *Contact*: Nelson B. Neff, executive secretary, Nevada State Medical Association, 506 Humboldt Street, Reno, Nevada.

AMERICAN RHINOLOGIC SOCIETY 8TH ANNUAL MEETING. Statler Hilton Hotel, Los Angeles. November 1 and 2. *Contact*: American Rhinologic Society, 530 Hawthorne Place, Chicago 13.

TB & HEALTH ASSOCIATION OF LOS ANGELES COUNTY Symposium on the Techniques of Teaching Diseases of the Chest. November 3. Sheraton West Hotel, Regency and Wedgewood Rooms, Los Angeles. 8:30 a.m. to 3:30 p.m. *Contact*: Oscar J. Balchum, M.D., chairman, Planning Committee, c/o TB & Health Assoc. of Los Angeles County, 1670 Beverly Blvd., Los Angeles 26.

AMERICAN ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY, Las Vegas Convention Center, Las Vegas. November 4 through 9. *Contact:* W. L. Benedict, M.D., executive secretary-treasurer, 15 Second Street, S.W., Rochester, Minn.

LOS ANGELES PEDIATRIC SOCIETY 19th Annual Brenne-mann Lectures, Ambassador Hotel, Los Angeles. Speakers: Albert B. Sabin, M.D., and Malcolm A. Hol-liday, M.D. November 7 and 8. *Contact:* Leslie M. Holve, M.D., vice-president, 1015 Gayley Avenue, Los Angeles 24.

SAN DIEGO COUNTY GENERAL HOSPITAL 16th Annual Post-graduate Assembly, in conjunction with University of Oregon Medical School. November 9 and 10. Town and Country Hotel, San Diego. *Contact:* David E. Wile, M.D., chairman, 2850 6th Avenue, San Diego 3.

CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS Biannual Meeting. Riverside County Health-Finance Building. November 13-14. *Contact:* Wm. Allen Long-shore, Jr., M.D., asst. chief, Division Community Health Services, State Dept. of Public Health, Berkeley.

AMERICAN COLLEGE OF PHYSICIANS, Southern California Region Annual Basic Science Lectureship Dinner. Stat-ler Hotel, Los Angeles, November 14, 6:30 p.m. *Contact:* George C. Griffith, M.D., A.C.P. Governor for Southern California, P. O. Box 25, 1200 North State Street, Los Angeles 33.

AMERICAN COLLEGE OF CHEST PHYSICIANS (Interim Ses-sion). November 24 and 25. Ambassador Hotel, Los An-geles. *Contact:* Mr. Murray Kornfeld, executive director, 112 E. Chestnut Street, Chicago 11.

AMERICAN MEDICAL ASSOCIATION CLINICAL MEETING, Los Angeles. November 25 through 28. *Contact:* F. J. L. Blasingame, M.D., executive vice-president, 535 N. Dearborn, Chicago 10.

AMERICAN MEDICAL WOMEN'S ASSOCIATION, Ambassador Hotel, Los Angeles. November 29 through December 2. *Contact:* Jessie Laird Brodie, M.D., executive director, 1790 Broadway, New York 19.

WEST COAST ALLERGY SOCIETY, Annual Meeting. Decem-ber 1. Portland, Oregon. *Contact:* Mr. J. M. Chesebro, executive secretary, 1818 S.E. Division Street, Portland.

1963 MEETINGS

SAN DIEGO COUNTY HEART ASSOCIATION FIRST AN-nual POSTGRADUATE SEMINAR ON HEART DISEASE. Feb-ruary 4 through 8. Featured Teacher: Pane Wood, M.D., London, England. *Contact:* Mr. O. M. Avison, executive director, San Diego County Heart Assoc., 3545 - 4th Avenue, San Diego 3.

INSTITUTE METABOLIC RESEARCH 11th ANNUAL SESSION. "Dynamics of Endocrine and Metabolic Diseases." Feb-ruary 11 through 13. Highland-Alameda County Hospi-tal, Main Auditorium, Oakland. *Contact:* L. W. Kinsell, M.D., director, Institute of Metabolic Research.

AMERICAN COLLEGE OF PHYSICIANS Southern California Regional Meeting, Hotel Del Coronado, Coronado. Feb-ruary 15 through 17. Submit abstract of 300 words or less on or before November 1, 1962, to Walter P. Mar-tin, M.D., 211 Cherry Avenue, Long Beach 2. *Contact:* George C. Griffith, M.D., Governor for Southern Cali-fornia, A.C.P., P.O. Box 25, 1200 North State Street, Los Angeles 33.

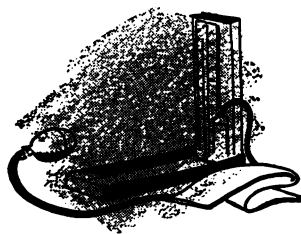
AMERICAN COLLEGE OF CARDIOLOGY 12th Annual Meeting. February 28 through March 3. Ambassador Hotel, Los Angeles. *Contact:* Philip Reichert, M.D., executive director, Empire State Building, 350 - 5th Ave., New York 1.

LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE ALUMNI POSTGRADUATE CONVENTION. March 3 through 7. Re-fresher Courses: March 3 and 4, 8:00 a.m. to 12:00 noon; 2:00 p.m. to 5:00 p.m. White Memorial Medical Center. Scientific Assembly: March 5 through 7, Am-bassador Hotel. *Contact:* Jack Hallatt, M.D., general chairman, 316 N. Bailey St., Los Angeles 33.

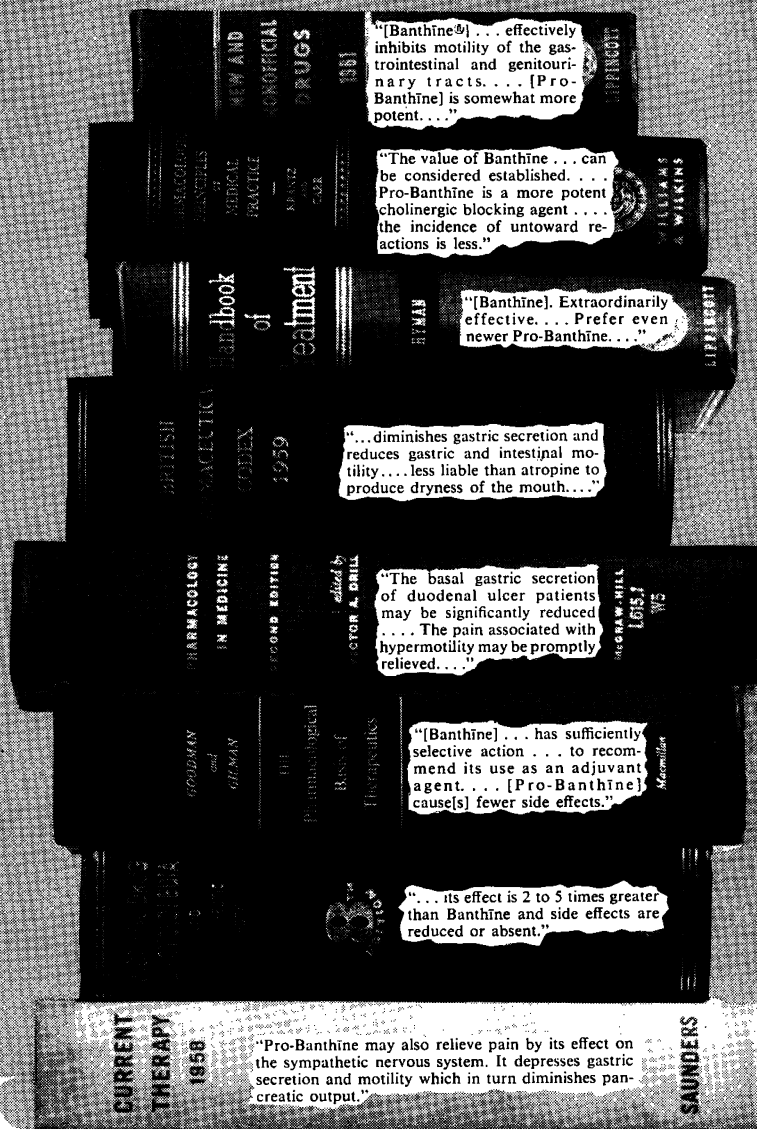
California Medical Association Annual Session. March 24 through 27. Ambassador Hotel, Los Angeles. *Contact:* John Hunton, executive secretary, California Medical Association, 693 Sutter Street, San Francisco 2.

TB & HEALTH ASSOCIATION OF CALIFORNIA Annual Meet-ing. April 4 through 6. Villa Hotel, San Mateo. *Contact:* William W. Phreaner, coordinator, Public Relations, 130 Hayes Street, San Francisco 2.

AMERICAN GASTROENTEROLOGICAL ASSOCIATION. May 30 through June 1. Fairmont Hotel, San Francisco. *Contact:* Wade Volwiler, M.D., Department of Medicine, University of Washington, Seattle.



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the
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and gastritis...***

***In year-long study on
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of action...and for
a longer period"****

"Clinical studies in 85 patients with duodenal ulcer ...confirmed the superiority of the new preparation [new Creamalin] over standard aluminum hydroxide preparations, in that prompt relief was achieved and maintained throughout the period of observation."*

Patients were followed for about one year.

New Creamalin promotes ulcer healing, permits less frequent feedings because it is so long-acting. Heartburn and epigastric distress were "...easily and adequately controlled..."* New Creamalin has the therapeutic advantage of a liquid antacid with the convenience of a palatable tablet. *It does not cause constipation.*

Each new Creamalin tablet contains 320 mg. of specially processed highly reactive dried aluminum gel (stabilized with hexitol) with 75 mg. of magnesium hydroxide. Minute particles offer a vastly increased surface area.

Dosage: Gastric hyperacidity—from 2 to 4 tablets as needed. Peptic ulcer or gastritis—from 2 to 4 tablets every two to four hours. **How Supplied:** Bottles of 50, 100, 200 and 1000.

Now also available—New Creamalin Improved Formula Liquid. Pleasant mint flavor—creamy pink color. Stabilized reactive aluminum and magnesium hydroxide gel (1 teaspoon equals 1 tablet). Bottles of 8 and 16 fl. oz.

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*Schwartz, I. R.:

Current Therap. Res. 3:29, Feb., 1961.

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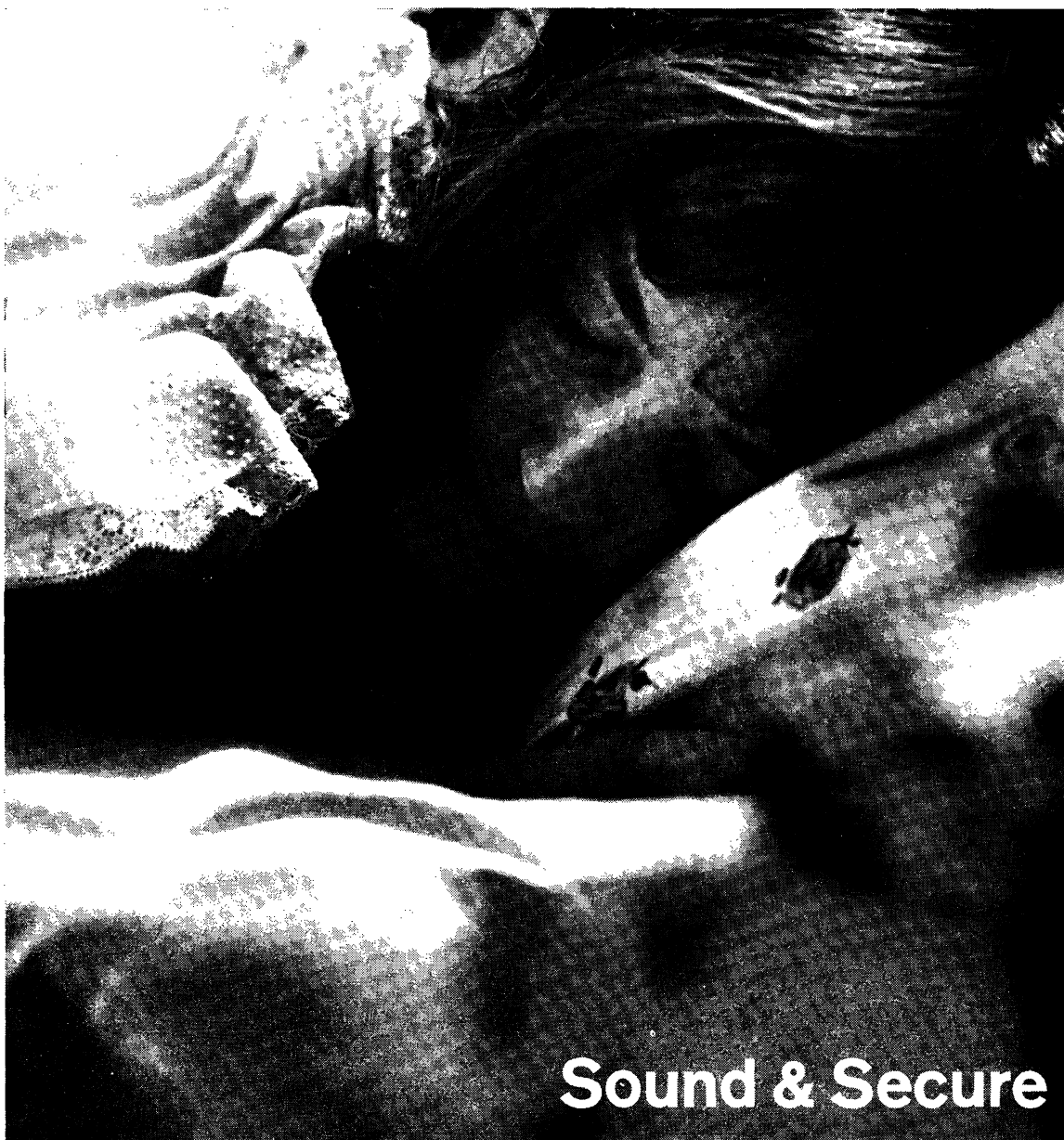
How long would it take 500,000 children to pass through your office?

That's a tremendous army of patients—but it is the number of children under 14 whose lives you and your colleagues have saved since 1935 in just four diseases—tuberculosis, syphilis, influenza and pneumonia. And among working-age victims 2,000,000 are alive today who would not have survived if the 1935 death rate had remained constant.

In the past 25 years, new and potent drugs have played a significant role in reducing mortality from these diseases. Such an achievement results from the combined efforts of many organizations, professions and enterprises...including people working in medical and pharmaceutical research, production, and distribution, who make drug products available to doctors and dentists, hospitals and pharmacies, and to public and voluntary health agencies.

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**THIS MESSAGE IS BROUGHT TO YOU ON BEHALF OF THE PRODUCERS OF PRESCRIPTION DRUGS.
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Sound & Secure

Patients sleep soundly with Doriden. More important, they are secure. The wide margin of safety with Doriden is confirmed by more than 5 years of clinical experience and is well-documented in published reports.¹⁻⁶

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Its high degree of safety offers you a good reason to consider Doriden whenever your patient needs a good night's sleep.

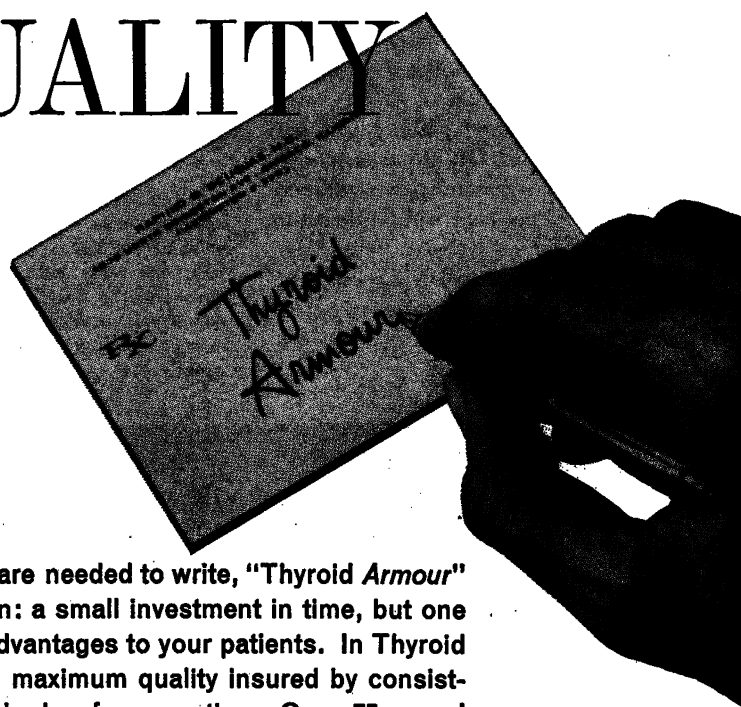
SUPPLIED: Capsules, 0.5 Gm. (blue and white). Tablets, 0.5 Gm. (white, scored), 0.25 Gm. (white, scored) and 0.125 Gm. (white).

REFERENCES: 1. Blumberg, N., Everts, E.A., and Goracci, A.F.: Pennsylvania M.J. 59:808 (July) 1956. 2. Matlin, E.: M. Times 84:68 (Jan.) 1956. 3. Hodge, J., Sokoloff, M., and Franco, F.: Am. Pract. & Digest Treat. 10:473 (March) 1959. 4. Burros, H.M., and Borromeo, V.H.J.: J. Urol. 76:456 (Oct.) 1956. 5. Lane, R.A.: New York J. Med. 55:2343 (Aug. 15) 1955. 6. Weston, D.T.: Journal-Lancet 76:7 (Jan.) 1956. 2/3006MB

For complete information about Doriden (including dosage, cautions, and side effects), see the current Physicians' Desk Reference or write CIBA, Summit, N. J.

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Thyroid Tablets (Armour) are prepared from fresh selected glands, desiccated and standardized by official U.S.P. method to contain 0.2 per cent of iodine in thyroid combination. Thyroid Powder U.S.P. (Armour) is standardized and of uniform potency. **USES:** Thyroid deficiencies, cretinism, myxedema, nodular goiter (nontoxic), non-nodular goiter. A variety of clinical conditions will respond to the use of Thyroid (Armour) when subclinical hypothyroidism is involved. **DOSAGE:** $\frac{1}{4}$ to 5 grains daily as required by clinical condition. Therapeutic effect develops slowly and lasts for two months or longer. Thus the daily dose may be given as a single dose (preferably in the morning) rather than several times daily. Patients treated with thyroid should be continuously under the physician's observation. **CONTRAINDICATIONS:** Heart disease and hypertension, unless the metabolic rate is low. **SUPPLIED:** Tablets—bottles of 100, 1000 and larger; potencies of $\frac{1}{4}$, $\frac{1}{2}$, 1, 2 and 5 grains. Powder—1 oz., 4 oz. and 1 lb. bottles.



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"Since approximately 3 to 4 per cent of those patients in the forty-and-over age group may have glaucoma, the value of a routine measurement of the intraocular pressure is self-evident."¹

Screening tonometry for early detection of glaucoma can be incorporated conveniently into any physical examination procedure when the eye is anesthetized with OPTHAININE, the topical anesthetic with the shortest onset time. Instillation of 1 or 2 drops produces adequate anesthesia in approximately 20 seconds or less.^{2,3} OPTHAININE anesthesia is completely safe, because the drug does not damage the corneal epithelium and seems to be less irritating than other agents.^{4,5,6} The duration of anesthesia (about 15 minutes) is adequate for removal of foreign bodies and similar operative procedures. In fact, the properties of OPTHAININE make it ideal for any ophthalmologic procedure requiring topical anesthesia.

SUPPLY: Ophthaine is supplied as a sterile 0.5% solution in plastic drop-dispensing bottles containing 15 cubic centimeters. REFERENCES: 1. Gordon, D.M.: *New York J. Med.* 61:3649 (Nov. 1) 1961. 2. McIntyre, A.R.; Lee, L.W.; Rasmussen, J. A.; Kuppinger, J.C., and Sievers, R.F.: *Nebraska State M.J.* 35:100 (Apr.) 1950. 3. Boozan, C.W., and Cohen, I.J.: *Am. J. Ophthal.* 36:1619 (Nov.) 1953. 4. Jervoy, J.W.: *South M.J.* 48:770 (July) 1955. 5. Leopold, I.H.: In Modell, W.: *Drugs of Choice*, 1960-1961, St. Louis, C.V. Mosby Co., 1960, page 699. 6. Linn, J.G., Jr., and Vey, E.K.: *Am. J. Ophthal.* 40:697 (Nov.) 1955

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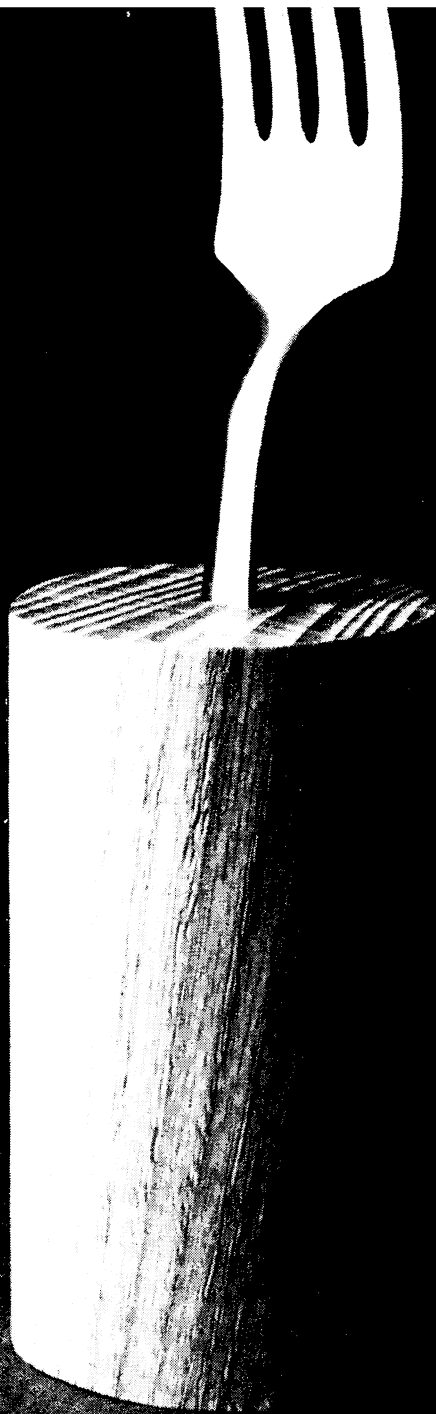
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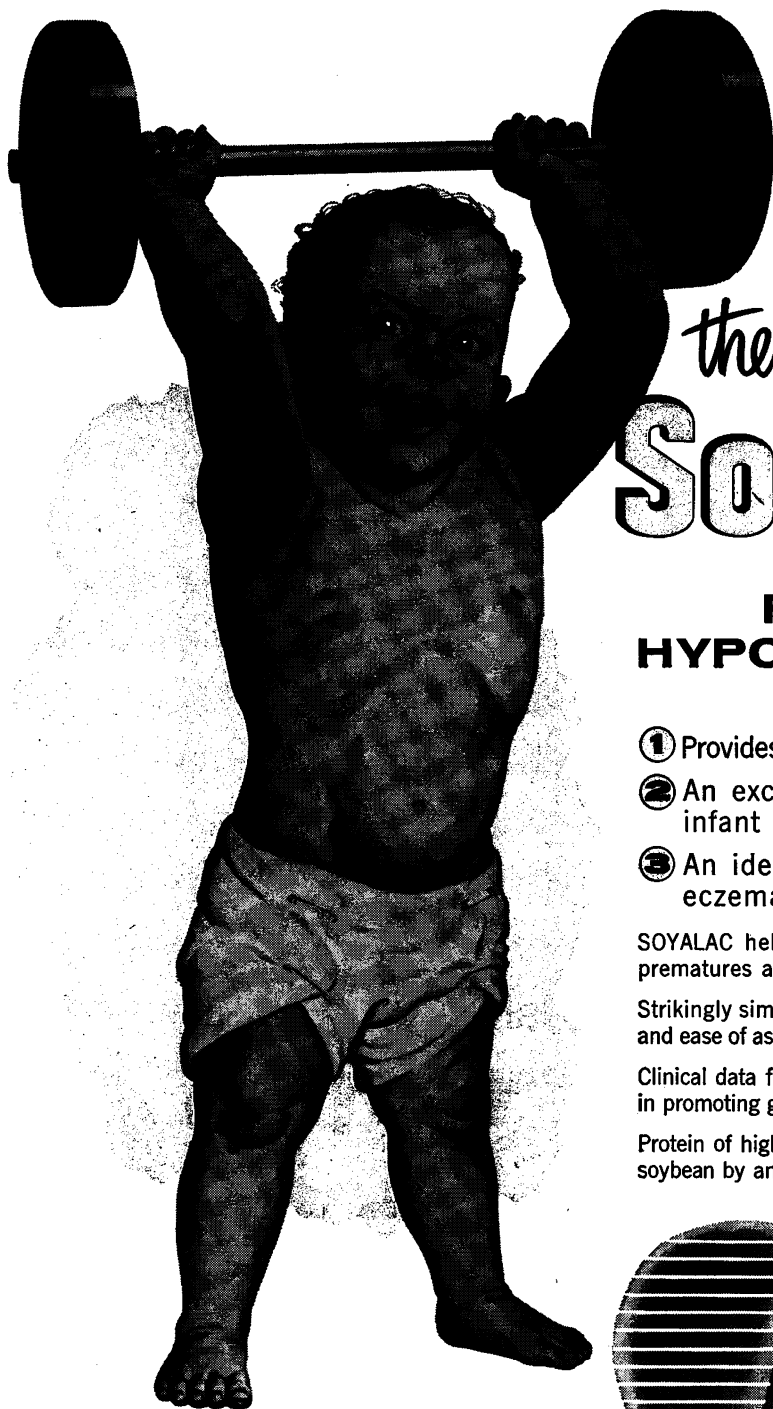
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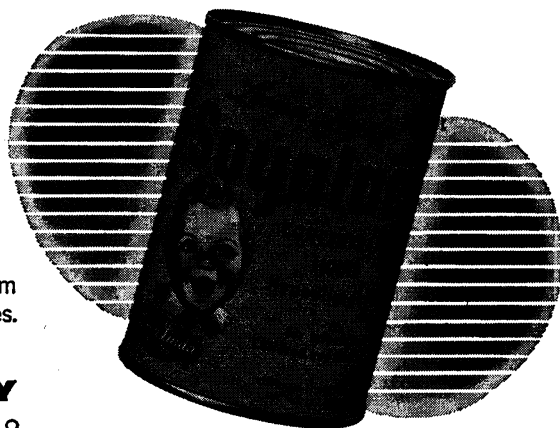
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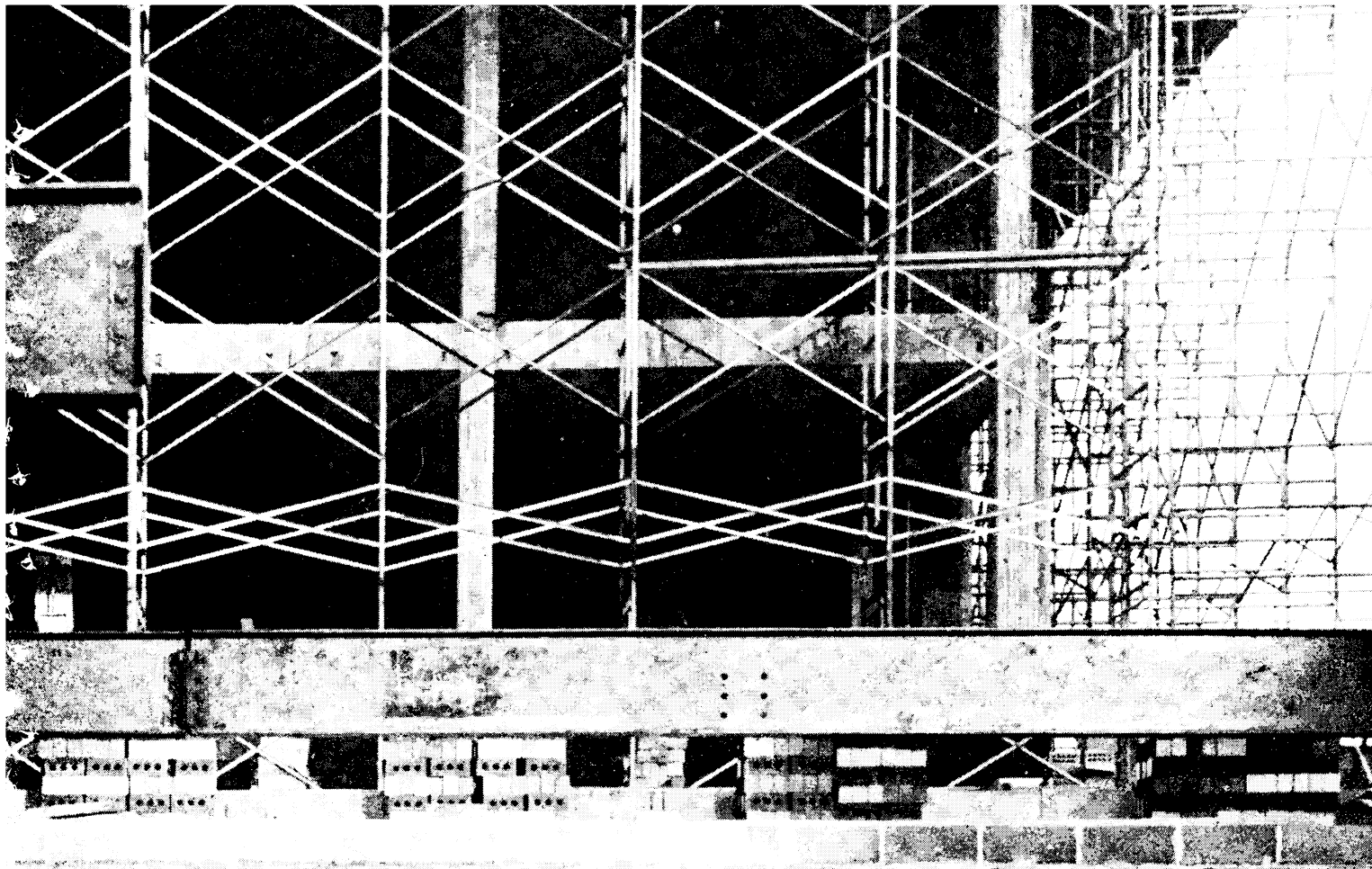
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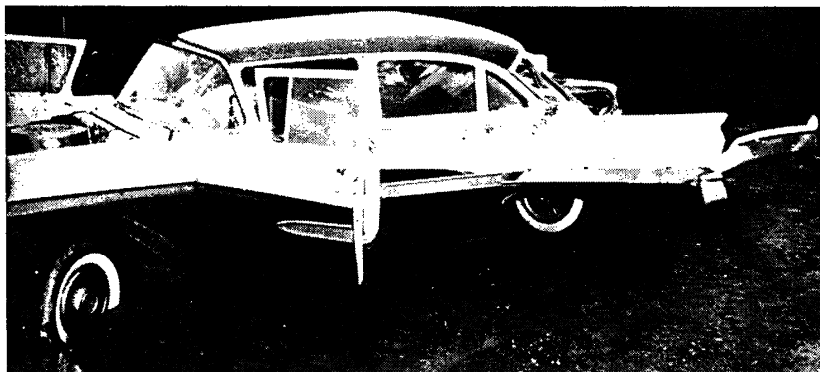
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SUPPLIED: 2 mg. Tablets. Bottles of 100.

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(Official photo, California Highway Patrol)

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For your convenience, the Committee on Traffic Safety has arranged with Tulareloft Manufacturing Company for a direct purchase of their #300 Seat Belt. This belt is manufactured in California, and meets the specifications of the California Highway Patrol for use in patrol autos.

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The price is \$5.95 for standard belts, covers tax and shipping cost. Cadillacs require longer belts—30 cents extra; Sportscar-type anchors—50 cents extra.

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Please send me _____ belts. Circled at right is my selection of color and number of each belt ordered. I have checked the type of automobile in which the belt is to be installed.

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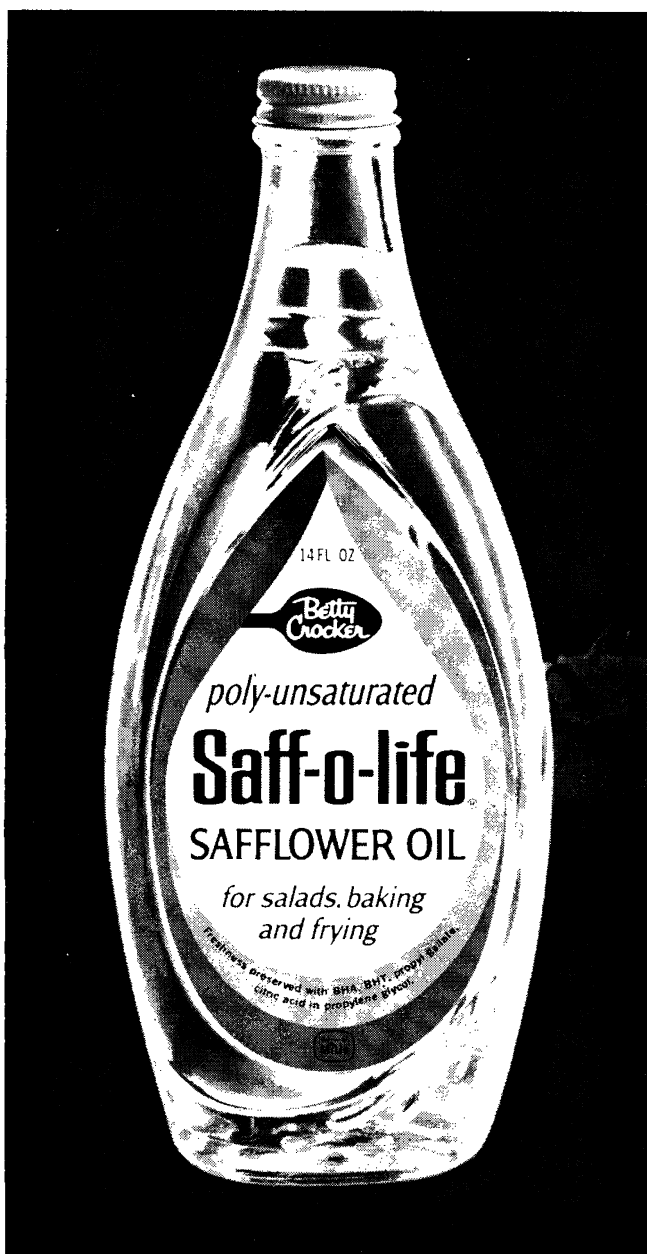
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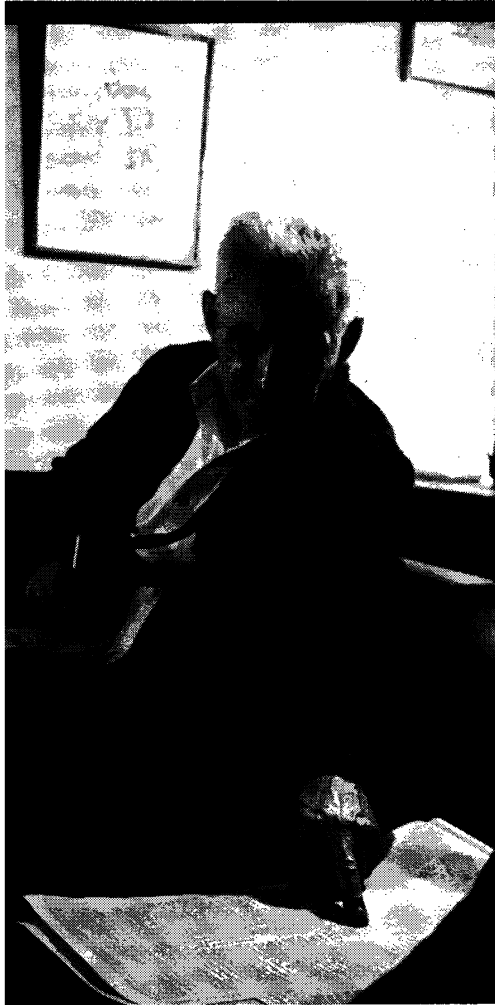
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Mr. B. B., a 61-year-old stockbroker, was put on Orinase almost six years ago. On insulin, he had been imperfectly controlled, irritable, and "used to get overly depressed." On Orinase, 1 Gm. per day, control is smooth and Mr. B. is again his former lively self. He regularly works at home well into the night, preparing for the next day's trading.



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Mr. B., intensely involved in his profession, describes his day as a "continual crisis." Under the stress of representing clients in the face of market fluctuations, his Orinase needs also fluctuate. Guided by his physician, Mr. B. adjusts his dosage between 1 and 2 Gm. daily.

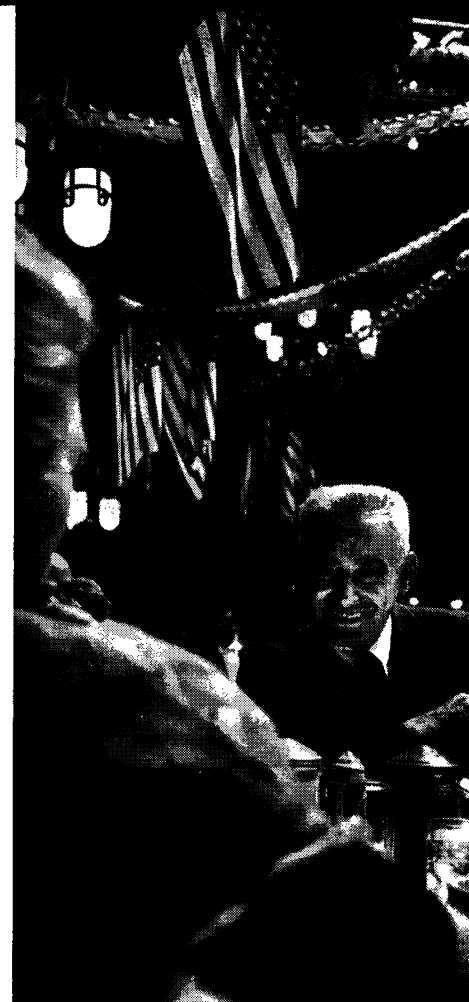
5 years of control



The patient's dosage had to be increased in 1960 at the death of his sister (also a diabetic). For two months, maintenance of control required 2.5 to 3.5 Gm. of Orinase a day; dosage then leveled off again at 1 Gm.



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Orinase* (tolbutamide) stands in a unique position; it alone, among oral antidiabetes agents, has had five years or more of day-to-day routine clinical use in the hands of thousands of physicians throughout the country. Accordingly, data on a considerable number of truly long-term Orinase-treated patients are now available. This series of Orinase five-year case histories has been prepared to illustrate and exemplify some aspects of actual experience in manage-

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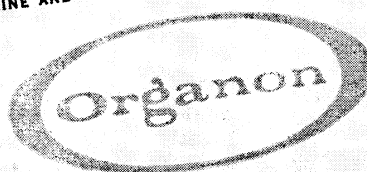
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more readily, more safely....simply**

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(hydroflumethiazide, reserpine, protoveratrine A—antihypertensive formulation)

Early, efficient reduction of blood pressure. Only Salutensin combines the advantages of protoveratrine A ("the most physiologic, hemodynamic reversal of hypertension"¹) with the basic benefits of thiazide-rauwolfia therapy. The potentiating/additive effects of these agents²⁻⁸ provide increased antihypertensive control at dosage levels which reduce the incidence and severity of unwanted effects.

Salutensin combines Saluron® (hydroflumethiazide), a more effective 'dry weight' diuretic which produces up to 60% greater excretion of sodium than does chlorothiazide⁹; reserpine, to block excessive pressor responses and relieve anxiety; and protoveratrine A, which relieves arteriolar constriction and reduces peripheral resistance through its action on the blood pressure reflex receptors in the carotid sinus.

Added advantages for long-term or difficult patients. Salutensin will reduce blood pressure (both systolic and diastolic) to normal or near-normal levels, and maintain it there, in the great majority of cases. Patients on thiazide/rauwolfia therapy often experience further improvement when transferred to Salutensin. Further, therapy with Salutensin is both economical and convenient.

Each Salutensin tablet contains: 50 mg. Saluron® (hydroflumethiazide), 0.125 mg. reserpine, and 0.2 mg. protoveratrine A. See Official Package Circular for complete information on dosage, side effects and precautions.

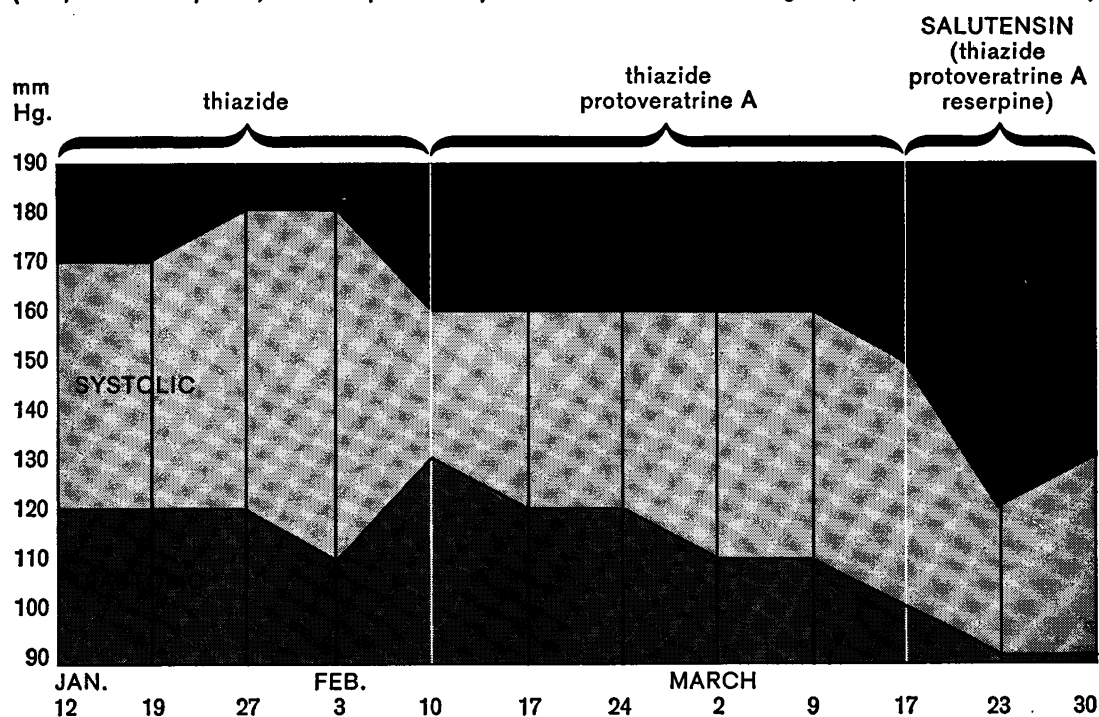
Supplied: Bottles of 60 scored tablets.

References: 1. Fries, E. D.: In Hypertension, ed. by J. H. Moyer, Saunders, Phila., 1959 p. 123. 2. Fries, E. D.: South M. J. 51:1281 (Oct.) 1958. 3. Finnerty, F. A. and Buchholz, J. H.: GP 17:95 (Feb.) 1958. 4. Gill, R. J., et al.: Am. Pract. & Digest Treat. 11:1007 (Dec.) 1960. 5. Brest, A. N. and Moyer, J. H.: J. South Carolina M. A. 56:171 (May) 1960. 6. Wilkins R. W.: Postgrad. Med. 26:59 (July) 1959. 7. Gifford, R. W., Jr.: Read at the Hahnemann Symp. on Hypertension, Phila. Dec. 8 to 13, 1958. 8. Fries, E. D., et al.: J. A. M. A. 166:137 (Jan. 11) 1958. 9. Ford, R. V. and Nickell, J.: Ant. Med. & Clin. Ther. 6:461, 1959.

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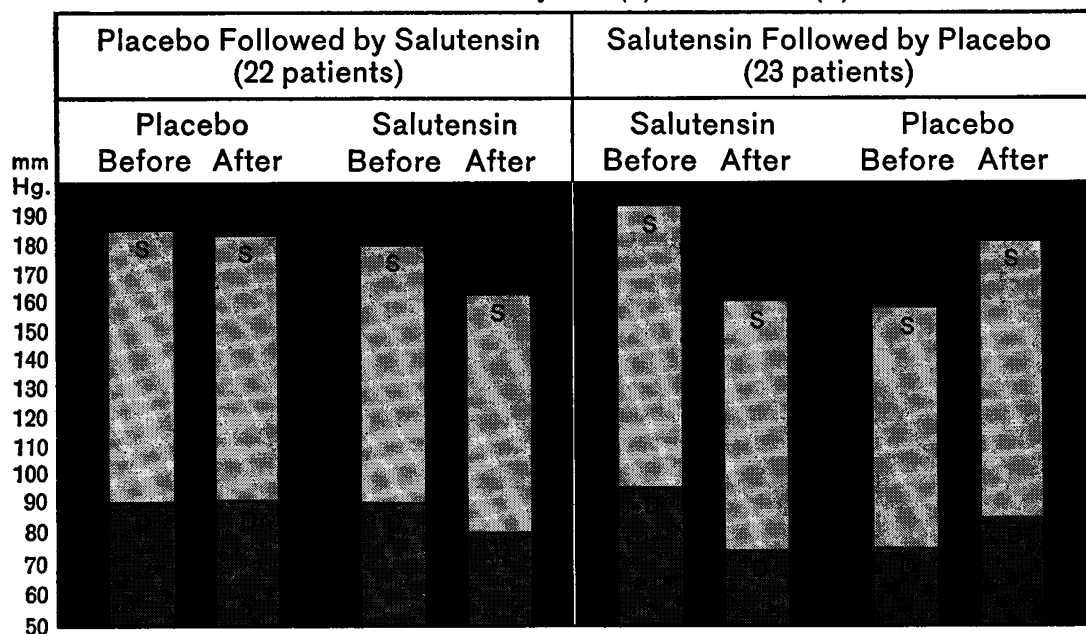
11 WEEKS TO LOWER BLOOD PRESSURE TO DESIRED LEVELS BY SERIAL ADDITION OF THE INGREDIENTS IN SALUTENSIN IN A TEST CASE

(Adapted from Spiotta, E. J.: Report to Department of Clinical Investigation, Bristol Laboratories)



3½ WEEKS TO LOWER BLOOD PRESSURE TO DESIRED LEVELS USING SALUTENSIN FROM THE START OF THERAPY IN A "DOUBLE BLIND" CROSSOVER STUDY

Mean Blood Pressures—Systolic (S) and Diastolic (D)



In this "double blind" crossover study of 45 patients, the mean systolic and diastolic blood pressures were essentially unchanged or rose during placebo administration, and decreased markedly during the 25 days of Salutensin therapy. (Smith, C. W.: Report to Department of Clinical Investigation, Bristol Laboratories.)

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(Continued on Page 72)



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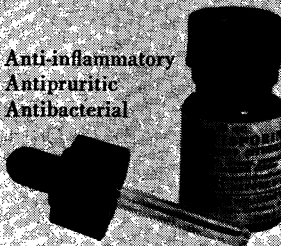
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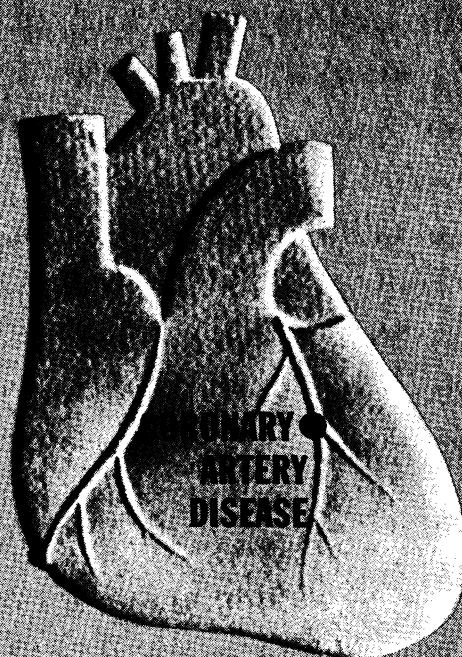
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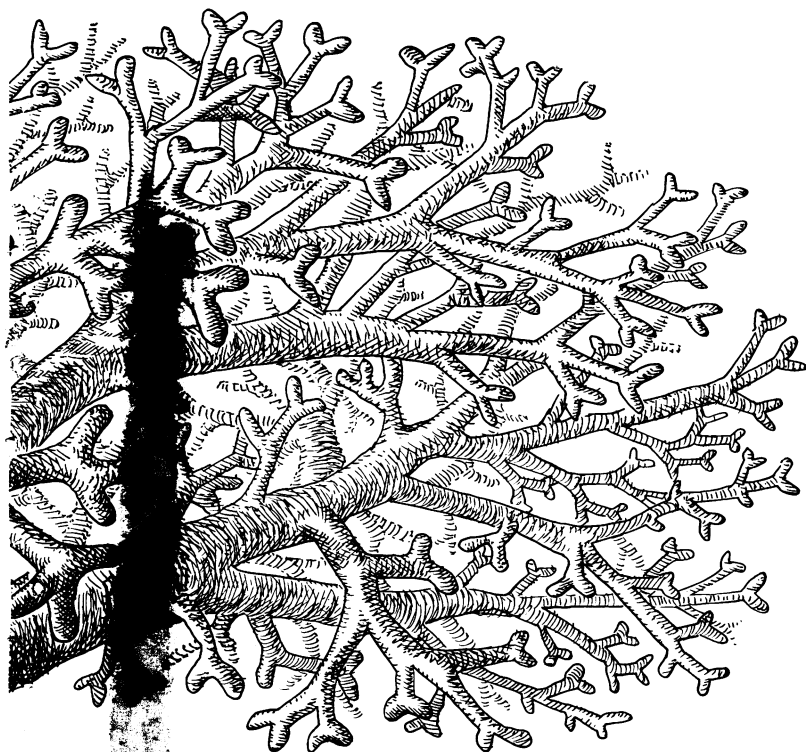
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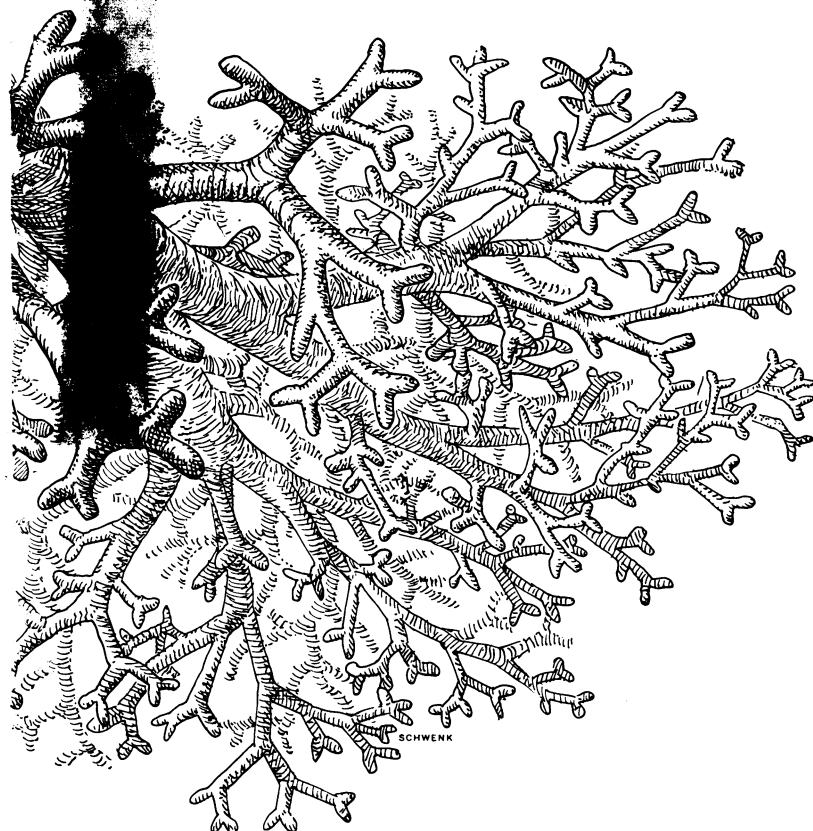




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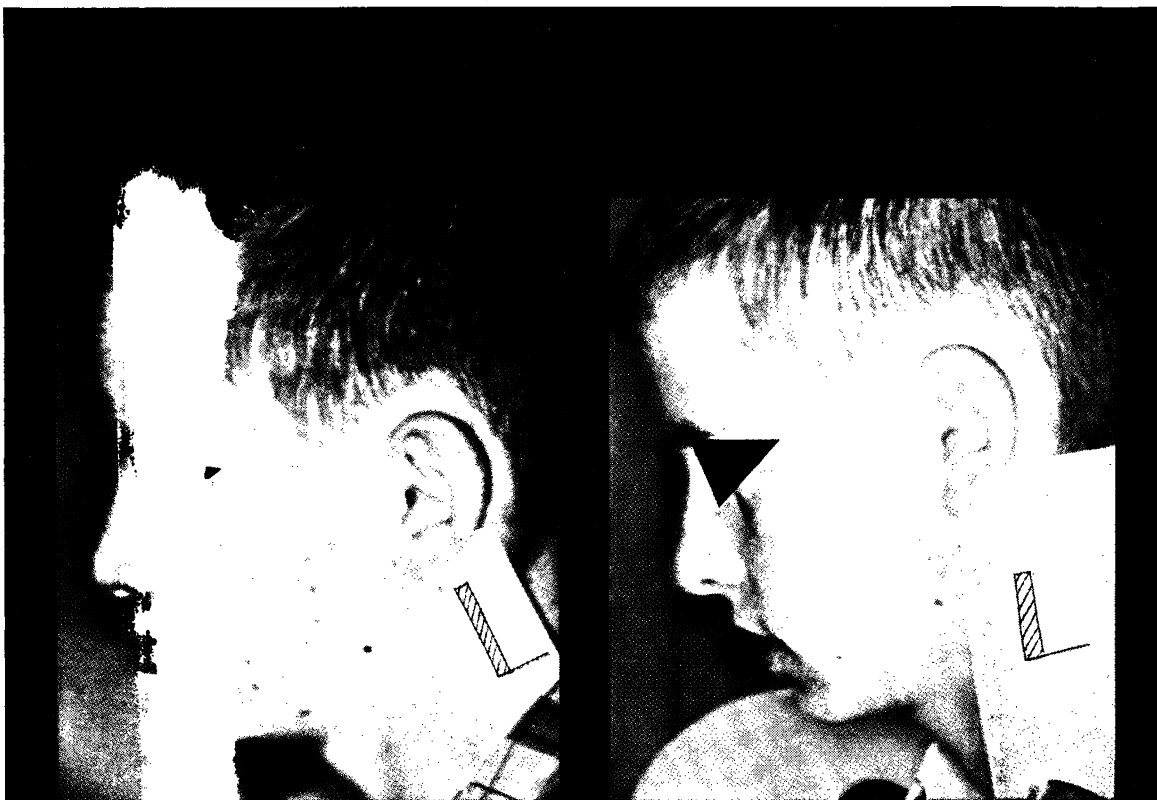


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*Maxwell, M.H., *et al.*: JAMA 170:917 (June 20) 1959.

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